

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000066961

1. Entity Name  
POLICASTRO & LEROUX P. A.



Principal Place of Business  
28050 US HIGHWAY 19 NORTH  
SUITE 500  
CLEARWATER, FL 33761

Mailing Address  
28050 US HIGHWAY 19 NORTH  
SUITE 500  
CLEARWATER, FL 33761



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3458523

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

POLICASTRO, ANTHONY V  
28050 US HIGHWAY 19 NORTH  
SUITE 500  
CLEARWATER, FL 33761

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME LEROUX, JOHN M  
STREET ADDRESS 28050 US HWY 19 N STE 500  
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE ST  
NAME POLICASTRO, ANTHONY V  
STREET ADDRESS 28050 US HWY 19 N STE 500  
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000319136  
01/10/06-80023-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. LEROUX 1/4/06 727-712-1137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #