


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90073 026 \*\*\*150.00

<b>DOCUMENT # P97000066961</b>	
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
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**DO NOT WRITE IN THIS SPACE**



06262007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3458523</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEROUX, JOHN M 28050 US HWY 19 N STE 500 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POLICASTRO, ANTHONY V 28050 US HWY 19 N STE 500 CLEARWATER, FL 33761
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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 officers empowered.

**SIGNATURE:**  **7-5-07** **727-712-1137**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #