


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90055 035 \*\*\*150.00

DOCUMENT # P04000018952			
1. Entity Name LAW OFFICES OF SHANNON M. MAHONEY, P.A.			
Principal Place of Business 120 S. OLIVE AVENUE SUITE 400 WEST PALM BEACH, FL 33401		Mailing Address P.O. BOX 3742 WEST PALM BEACH, FL 33402	
2. Principal Place of Business <b>315 11th Street</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>West Palm Beach, Florida</b>		City & State	
Zip <b>33401</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent  MAHONEY, SHANNON M 120 S. OLIVE AVENUE SUITE 400 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>315 11th Street</b> City <b>West Palm Beach</b> FL Zip Code <b>33401</b>	
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: <u>Shannon M. Mahoney, Officer and Director</u> DATE: <u>3/8/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHONEY, SHANNON M P.O. BOX 3742 WEST PALM BEACH, FL 33402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAHONEY, SHANNON M P.O. BOX 3742 WEST PALM BEACH, FL 33402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MAHONEY, SHANNON M P.O. BOX 3742 WEST PALM BEACH, FL 33402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MAHONEY, SHANNON M P.O. BOX 3742 WEST PALM BEACH, FL 33402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Shannon M. Mahoney</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>3/8/06</u> (561) 659-4414 <small>Date Daytime Phone #</small>	

