

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000002938

**Entity Name:** SHANNON STOUTAMIRE CPA, P.A.

**Current Principal Place of Business:**

5087 FAIRBANKS FERRY RD  
HAVANA, FL 32333

**Current Mailing Address:**

P.O. BOX 155  
HAVANA, FL 32333

**FEI Number:** 46-3941277

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STOUTAMIRE, SHANNON  
5087 FAIRBANKS FERRY RD  
HAVANA, FL 32333 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name STOUTAMIRE, SHANNON  
Address P.O. BOX 155  
City-State-Zip: HAVANA FL 32333

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHANNON STOUTAMIRE

**PRESIDENT**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date