

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857637

FILED  
Apr 09, 2006  
Secretary of State

Entity Name: HARVEY PAUL MUSLIN, P.A.

## Current Principal Place of Business:

4510 WEST FIG ST, #E  
TAMPA, FL 33609

## New Principal Place of Business:

4510 WEST FIG ST  
#E  
TAMPA, FL 33609

## Current Mailing Address:

4510 WEST FIG ST., #E  
TAMPA, FL 33609

## New Mailing Address:

4510 WEST FIG ST.  
#E  
TAMPA, FL 33609

FEI Number: 36-2820150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADRIENNE MUSLIN  
4510 WEST FIG ST., #E  
TAMPA, FL 33609 US

## Name and Address of New Registered Agent:

ADRIENNE MUSLIN  
4510 WEST FIG ST.  
#E  
TAMPA, FL 33609 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:

04/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: MUSLIN, ADRIENNE,  
Address: 1905 W. KENNEDY BLVD.  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition  
Name: MUSLIN, ADRIENNE,  
Address: 4510 W. FIG ST.  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ADRIENNE MUSLIN

S/D

04/09/2006

Electronic Signature of Signing Officer or Director

Date