2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G77138

1. Entity Name
SHAWKY A. HASSAN, P.A.

Principal Place of Business	Mailing Address
606 BALD EAGLE DRIVE	606 BALD EAGLE DRIVE
SUITE 500	SUITE 500
MARCO ISLAND, FL 34145	MARCO ISLAND, FL 34145

DO NOT WRITE IN THIS SPACE

01042005   No Chg-P   CR2E034 (10/03)

4. FEI Number | Applied For
59-2351675 | Not Applicable

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

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG R ESQ
606 BALD EAGLE DRIVE
SUITE 500
MARCO ISLAND, FL 34145

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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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees	U00000298224 04/11/05-80057-023 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	HASSAN, SHAWKY A
STREET ADDRESS	201 8TH STREET SOUTH 1 STE 107
CITY-ST-ZIP	NAPLES, FL 34102

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ , MD.   4/5/05 (810)2877070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #