

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # G96988

1. Entity Name
RUSSELL W. MASTERSON, P.A.



Principal Place of Business
15395 ROYAL FERN LN W
NAPLES, FL 34110 US

Mailing Address
% STEVE CLARK, CPA
700 11TH ST. S.(PH3)
NAPLES, FL 34102 US



01142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2417608 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MASTERSON, RUSSELL W.
15395 ROYAL FERN LN N
NAPLES, FL 34110

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVT
NAME MASTERSON, RUSSELL
STREET ADDRESS 15395 ROYAL FERN LN N
CITY-ST-ZIP NAPLES, FL 34110

TITLE D
NAME MASTERSON, RUSSELL
STREET ADDRESS 15395 ROYAL FERN LANE N
CITY-ST-ZIP NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000614727
02/06/07-80042-023-150.00

**DO NOT WRITE
IN THIS SPACE**

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 1/29/7 x 596 1176