
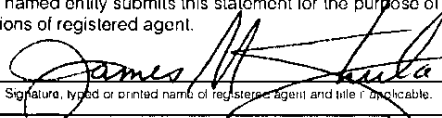


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90018 038 ***150.00

DOCUMENT # H84623 1. Entity Name JAMES M. SHUTA, P.A.					
Principal Place of Business 2560 GULF TO BAY BLVD STE - 300 CLEARWATER FL 33765 US			Mailing Address P.O. BOX 48698 ST. PETERSBURG FL 33743-8698 US		
2. Principal Place of Business - No P.O. Box # 2729 Sea Grove Lane		3. Mailing Address Suite, Apt. #, etc.			
City & State Fernandina Beach FL		City & State		4. FEI Number 59-2599720	
Zip 32034		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHUTA, JAMES M. 2560 GULF TO BAY BLVD STE - 300 CLEARWATER FL 33765			7. Name and Address of New Registered Agent Name Shuta, James M Street Address (P.O. Box Number is Not Acceptable) 2729 Sea Grove Lane City Fernandina Beach FL Zip Code 32034		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	DP SHUTA, JAMES M. 6024 KIPPS COLONY DR E GULFPORT FL 33707	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Shuta, James M 2729 Sea Grove Lane Fernandina Beach FL 32034
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  JAMES M SHUTA 4-30-07 727-384-2266 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					