

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # H84623

1. Entity Name
JAMES M. SHUTA, P.A.



Principal Place of Business
 ✓ 2729 SEA GROVE LANE
 FERNANDINA BEACH, FL 32034 US

Mailing Address
 ✓ P.O. BOX 48698
 ST. PETERSBURG, FL 33743-8698 US



DO NOT WRITE IN THIS SPACE

01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2599720	Applied For Not Applicat
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

✓ SHUTA, JAMES M.
 2729 SEA GROVE LANE
 FERNANDINA BEACH, FL 32034

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, 2008 Fee will be \$550.00

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

1100000940328

05/28/08-80062-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SHUTA, JAMES M.
STREET ADDRESS	2729 SEA GROVE LANE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James M. Shuta
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES M. SHUTA

4-29-08
 Date

727-384-2266
 Daytime Phone #