

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90022 026 \*\*\*150.00

**DOCUMENT # J08322**

1. Entity Name  
**MUSCATO CORPORATION**



Principal Place of Business  
**850 TRAFALGAR COURT  
SUITE 110  
MAITLAND, FL 32751**

Mailing Address  
**850 TRAFALGAR COURT  
SUITE 110  
MAITLAND, FL 32751**

2. Principal Place of Business - No P.O. Box #

**2301 MAITLAND CENTER PKWY**

Suite, Apt. #, etc.

**SUITE 240**

City & State

**MAITLAND FLORIDA**

Zip

**32751**

Country

**USA**

3. Mailing Address

**2301 MAITLAND CENTER PKWY**

Suite, Apt. #, etc.

**SUITE 240**

City & State

**MAITLAND FLORIDA**

Zip

**32751**

Country

**USA**



02082008

Chg-P

CR2E034 (12/06)

4. FEI Number  
**59-2663621**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COLLINS, LINDA  
850 TRAFALGAR COURT  
SUITE 110  
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name

**Collins, Linda L.**

Street Address (P.O. Box Number is Not Acceptable)

**2301 MAITLAND CENTER PARKWAY**

**SUITE 240**

City

**MAITLAND**

**FL**

Zip Code

**32751**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MUSCATO, MICHAEL A 850 TRAFALGAR CT, SUITE 110 MAITLAND, FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, JOSEPH W CEO 850 TRAFALGAR CT SUITE 110 MAITLAND, FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YADLEY, GREG 101 EAST KENNEDY, SUITE 2800 TAMPA, FL 336025151	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2301 MAITLAND CENTER PKWY, SUITE 240 MAITLAND, FL 32751</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2301 MAITLAND CENTER PKWY, SUITE 240 MAITLAND, FL 32751</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/18/08**

**407-551-1307**