


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # M66867 1. Entity Name ZAPPALA, MUSCARELLA & ASSOCIATES, INC.	
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Principal Place of Business 1553 CRESTWOOD LANE PALM HARBOUR, FL 34683 US	Mailing Address 1553 CRESTWOOD LANE PALM HARBOUR, FL 34683 US
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2879630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MUSCARELLA, FRANK J. 1553 CRESTWOOD LANE PALM HARBOR, FL 34683
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUSCARELLA, FRANK J 1553 CRESTWOOD LANE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ZAPPALA, CAROLE V PO BOX 66596 ST PETERSBURG BEACH, FL 337366596
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZAPPALA, JOSEPH 1085 PARK AVE NY, NY 10128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U00000350303
05/02/05-80099-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 line empowered.

SIGNATURE:  **4/28/05 727-784-4022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #