



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90369 011 \*\*\*150.00

<b>DOCUMENT # P04000154015</b>					
<b>1. Entity Name</b> <b>M KATRINA MUSE PA</b>					
<b>Principal Place of Business</b> 2200 N PONCE DE LEON BLVD SUITE 11 ST AUGUSTINE, FL 32084			<b>Mailing Address</b> 2200 N PONCE DE LEON BLVD SUITE 11 ST AUGUSTINE, FL 32084		
<b>2. Principal Place of Business - No P.O. Box #</b> 4405A Sartillo Rd. <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> 4405A Sartillo Rd. <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b> St. Augustine, FL <small>Zip</small> 32095 <small>Country</small>		<b>City &amp; State</b> St. Augustine, FL <small>Zip</small> 32095 <small>Country</small>		<b>4. FEI Number</b> 20-1855815	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> MUSE, M KATRINA 2200 N PONCE DE LEON BLVD SUITE 11 ST AUGUSTINE, FL 32084			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 4405A Sartillo Rd. City <u>St. Augustine, FL</u> <small>Zip Code</small> <u>32095</u>		
<b>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.</b> SIGNATURE: <u>Katrina Muse</u> <span style="float: right;">3/6/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> MUSE, M KATRINA 2200 N PONCE DE LEON BLVD SUITE 11 ST AUGUSTINE, FL 32084		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	4405A Sartillo Rd. St. Augustine, FL 32095	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Katrina Muse</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/6/07</u> <span style="float: right;">901 824-3355</span>		