

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90189 048 \*\*\*150.00

|  |                                 |   |  |
|--|---------------------------------|---|--|
| <b>DOCUMENT # P05000012669</b><br>1. Entity Name<br><b>LAW OFFICE OF SHAWNA M. MUCARIO, P.A.</b>   |                                 |   |  |
| Principal Place of Business<br><b>POST OFFICE BOX 55747</b><br><b>ST. PETERSBURG, FL 33732 US</b>  |                                 | Mailing Address<br><b>POST OFFICE BOX 55747</b><br><b>ST. PETERSBURG, FL 33732 US</b>   |  |
| 2. Principal Place of Business<br><b>1519 DR. M.L. KING JR. ST. N.</b>   |                                 | 3. Mailing Address<br><b>SAME</b>   |  |
| Suite, Apt. #, etc.<br><b>Suite 2</b>  |                                 | Suite, Apt. #, etc.<br><b>SAME</b>  |  |
| City & State<br><b>Saint Petersburg, Florida</b>   |                                 | City & State<br><b>Saint Petersburg, Florida</b>  |  |
| Zip<br><b>33704</b>  |                                 | Zip<br><b>33704</b>   |  |
| Country<br><b>USA</b>  |                                 | Country<br><b>USA</b>   |  |
| 4. FEI Number<br><b>34-2040439</b>   |                                 | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                 | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MUCARIO, SHAWNA M ESQUIRE</b><br><b>1417 77TH AVENUE NORTH</b><br><b>ST. PETERSBURG, FL 33702</b>  |                                 | 7. Name and Address of New Registered Agent<br>Name <b>Shawna M. Mucario, Esquire</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1519 DR. M.L. KING JR. ST. N.</b><br><b>Suite 2</b><br>City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33704</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.   |                                 |   |  |
| SIGNATURE <b>Shawna M. Mucario</b>   |                                 | <b>SHAWNA M. MUCARIO, PRESIDENT</b>   |  |
| Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)   |                                 | DATE <b>4/24/06</b>   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |
| TITLE<br><b>P</b><br>NAME<br><b>MUCARIO, SHAWNA M ESQUIRE</b><br>STREET ADDRESS<br><b>POST OFFICE BOX 55747</b><br>CITY - ST - ZIP<br><b>ST. PETERSBURG, FL 33732</b>  | <input type="checkbox"/> Delete | TITLE<br><b>P</b><br>NAME<br><b>MUCARIO, SHAWNA M. ESQUIRE</b><br>STREET ADDRESS<br><b>1519 DR. M.L. KING JR. ST. N., STE 2</b><br>CITY - ST - ZIP<br><b>ST. PETERSBURG, FLORIDA 33704</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY - ST - ZIP<br><br>   | <input type="checkbox"/> Delete | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY - ST - ZIP<br><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY - ST - ZIP<br><br>   | <input type="checkbox"/> Delete | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY - ST - ZIP<br><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY - ST - ZIP<br><br>   | <input type="checkbox"/> Delete | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY - ST - ZIP<br><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY - ST - ZIP<br><br>   | <input type="checkbox"/> Delete | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY - ST - ZIP<br><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY - ST - ZIP<br><br>   | <input type="checkbox"/> Delete | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY - ST - ZIP<br><br>  | <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: <b>Shawna M. Mucario</b>  |                                 | <b>SHAWNA M. MUCARIO, PRESIDENT/DIRECTOR</b>  |  |
| Signature and typed or printed name of signing officer or director   |                                 | Date <b>4/24/06</b> Daytime Phone # <b>(727) 710-1411</b>   |  |



ATTACHMENT

66016268

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2006

COPY

LAW OFFICE OF SHAWNA M. MUCARIO, P.A.  
1519 DR MLK JR ST N  
STE 2  
SAINT PETERSBURG, FL 33704 US

Subject: LAW OFFICE OF SHAWNA M. MUCARIO, P.A.

Reference Number: P05000012669

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

*See attached corrected copy*

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION