

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000012669

1. Entity Name
LAW OFFICE OF SHAWNA M. MUCARIO, P.A.



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

04-26-2006 90189 048 ***150.00

66016268



02172006 Chg-P CR2E034 (11/05)

Principal Place of Business POST OFFICE BOX 55747 ST. PETERSBURG, FL 33732 US		Mailing Address POST OFFICE BOX 55747 ST. PETERSBURG, FL 33732 US	
2. Principal Place of Business 1519 DR. M.L. KING JR. ST. N. Suite 2		3. Mailing Address SAME	
City & State Saint Petersburg, Florida		City & State	
Zip 33704	Country USA	Zip	Country
6. Name and Address of Current Registered Agent MUCARIO, SHAWNA M ESQUIRE 1417 77TH AVENUE NORTH ST. PETERSBURG, FL 33702			
7. Name and Address of New Registered Agent Name Shawna M. Mucario, Esquire Street Address (P.O. Box Number is Not Acceptable) 1519 DR. M.L. KING JR. ST. N. Suite 2 City St. Petersburg FL Zip Code 33704			

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: *Shawna M. Mucario* SHAWNA M. MUCARIO, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE: *4/24/06*

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>TITLE P <input type="checkbox"/> Delete NAME MUCARIO, SHAWNA M ESQUIRE STREET ADDRESS POST OFFICE BOX 55747 CITY-ST-ZIP ST. PETERSBURG, FL 33732</p> <p><input type="checkbox"/> Delete</p> <p>TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Delete STREET ADDRESS <input type="checkbox"/> Delete CITY-ST-ZIP <input type="checkbox"/> Delete</p> <p><input type="checkbox"/> Delete</p> <p>TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Delete STREET ADDRESS <input type="checkbox"/> Delete CITY-ST-ZIP <input type="checkbox"/> Delete</p> <p><input type="checkbox"/> Delete</p> <p>TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Delete STREET ADDRESS <input type="checkbox"/> Delete CITY-ST-ZIP <input type="checkbox"/> Delete</p> <p><input type="checkbox"/> Delete</p> <p>TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Delete STREET ADDRESS <input type="checkbox"/> Delete CITY-ST-ZIP <input type="checkbox"/> Delete</p>		<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</p> <p>TITLE P <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME MUCARIO, SHAWNA M. ESQUIRE STREET ADDRESS 1519 DR. M.L. KING JR. ST. N., STE 2 CITY-ST-ZIP ST. PETERSBURG, FL 33704</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	

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: *Shawna M. Mucario* SHAWNA M. MUCARIO, PRESIDENT/DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *4/24/06* Daytime Phone # *(727)710-1411*



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.

*all 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