

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90025 003 ***150.00

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03232007 Chg-P CR2E034 (12/06)

4. FEI Number **34-2040439** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DOCUMENT # P05000012669

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



Principal Place of Business
**1519 DR M.L. KING JR ST W
STE 2
SAINT PETERSBURG, FL 33704 US**

Mailing Address
**POST OFFICE BOX 66747
ST. PETERSBURG, FL 33732 US**

2. Principal Place of Business - No P.O. Box #
**1519 ML King St N
Suite, Apt. #, etc. #2
City & State St Petersburg FL
Zip 33704 Country US**

3. Mailing Address
**1519 ML King St N
Suite, Apt. #, etc. #2
City & State St Petersburg FL
Zip 33704 Country US**

6. Name and Address of Current Registered Agent
**MUCARIO, SHAWNA M ESQUIRE
1519 DR M.L. KING JR ST W
STE 2
SAINT PETERSBURG, FL 33704**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1519-ML King St N #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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MUCARIO, SHAWNA M ESQUIRE 1519 DR M.L. KING JR ST W SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1519 ML King St N #2 St Petersburg, FL 33704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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* **3/26/07** **(701) 895-5529**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #