

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049201

**FILED**  
**Jan 08, 2007**  
**Secretary of State**

**Entity Name:** LAW OFFICES OF MARA SHAUGHNESSY, P.A.

**Current Principal Place of Business:**

5904 JAEGERGLEN DR  
LITHIA, FL 33547

**New Principal Place of Business:**

16132 CHURCHVIEW DRIVE  
SUITE 205-B  
LITHIA, FL 33547

**Current Mailing Address:**

5904 JAEGERGLEN DR  
LITHIA, FL 33547

**New Mailing Address:**

16132 CHURCHVIEW DRIVE  
SUITE 205-B  
LITHIA, FL 33547

**FEI Number:** 20-4645272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAUGHNESSY, MARA L  
5904 JAEGERGLEN DR  
LITHIA, FL 33547 US

**Name and Address of New Registered Agent:**

SHAUGHNESSY, MARA L  
16132 CHURCHVIEW DRIVE  
SUITE 205-B  
LITHIA, FL 33547 US

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.

**SIGNATURE:** MARA L SHAUGHNESSY

01/08/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** SHAUGHNESSY, MARA L  
**Address:** 5904 JAEGERGLEN DR  
**City-St-Zip:** LITHIA, FL 33547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** SHAUGHNESSY, MARA L  
**Address:** 16132 CHURCHVIEW DRIVE SUITE 205-B  
**City-St-Zip:** LITHIA, FL 33547

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MARA L SHAUGHNESSY

P

01/08/2007

Electronic Signature of Signing Officer or Director

Date