

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90031 016 ***158.75

DOCUMENT # P06000154343					
1. Entity Name BRETT MUSCATELL, P.A.					
Principal Place of Business 2203 89TH STREET NW BRADENTON, FL 33209			Mailing Address 2203 89TH STREET NW BRADENTON, FL 33209		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address P.O. Box 341854		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Tampa, Florida		
Zip		Country		Zip 33694	
Country		Country		Country	
6. Name and Address of Current Registered Agent MUSCATELL, BRETT 2203 89TH STREET NW BRADENTON, FL 33209				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 BRETT MUSCATELL 04/28/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May-1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MUSCATELL, BRETT PO BOX 261924 TAMPA, FL 33685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MUSCATELL, BRETT P.O. Box 341854 Tampa, FL 33694
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: BRETT MUSCATELL PST 04/28/07			813-436-5338		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		