

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000018895



1. Entity Name
MARY L. CONTESSA C.P.A., P.A.

Principal Place of Business
13749 49TH STREET NORTH
ROYAL PALM BEACH, FL 33411

Mailing Address
13749 49TH STREET NORTH
ROYAL PALM BEACH, FL 33411

**FILED
Apr 04, 2007 08:00 A
Secretary of State**

DO NOT WRITE IN THIS SPACE

03202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0464558	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONTESSA, MARY L
13749 49TH STREET NORTH
ROYAL PALM BEACH, FL 33411

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

U000000683006
04/11/07-80019-002 150.00

10.

OFFICERS AND DIRECTORS

TITLE D
NAME CONTESSA, MARY L
STREET ADDRESS 13749 49TH STREET NORTH
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/07

581-906-3231

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**