

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90289 024 ***150.00

DOCUMENT # P97000107588
 1. Entity Name
ACCOUNTING OFFICES OF BETSY A. MASCARO, P.A.



20042211

Principal Place of Business Mailing Address
840 US HWY ONE **840 US HWY ONE**
SUITE 415 **SUITE 415**
NORTH PALM BEACH, FL 33408 **NORTH PALM BEACH, FL 33408**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01052005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0802924 Not Applicable

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

6. Name and Address of Current Registered Agent
MASCARO, BETSY A
840 US HIGHWAY ONE
STE 415
NORTH PALM BEACH, FL 33408

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 DP Delete
 NAME MASCARO, BETSY A
 STREET ADDRESS 840 US HWY 1 STE 415
 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP Delete
 NAME CIOFFI, GAIL
 STREET ADDRESS 840 US HWY 1 STE 415
 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME DANN, MARCY E
 STREET ADDRESS 840 US HWY ONE
 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Betsy A. Mascaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 561-694-0166
Date Daytime Phone #