

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000107588

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



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

Mailing Address
**840 US HWY ONE
SUITE 415
NORTH PALM BEACH, FL 33408**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0802924

Applied For
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**

**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)

U00000578289
01/09/07-80023-019 150.00
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

| | |
|----------------|----------------------------|
| TITLE | DP |
| NAME | MASCARO, BETSY A |
| STREET ADDRESS | 840 US HWY 1 STE 415 |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | VP |
| NAME | CIOFFI, GAIL |
| STREET ADDRESS | 840 US HWY 1 STE 415 |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | S |
| NAME | DANN, MARCY E |
| STREET ADDRESS | 840 US HWY ONE |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | T |
| NAME | SHEETS, KAREN |
| STREET ADDRESS | 840 US HWY ONE STE 415 |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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

Date

Daytime Phone #

1/4/07 561-694-0166