

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 A**  
**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**



01172008 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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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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**DO NOT WRITE  
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

**1/17/08**

**561-694-0166**

Day

Daytime Phone #