

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000019592**

1. Entity Name  
**HADDAD & SHUTTERA P.A.**



Principal Place of Business      Mailing Address

**13555 AUTOMOBILE BLVD.  
 SUITE 540  
 CLEARWATER, FL 33762**

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 SUITE 540  
 CLEARWATER, FL 33762**

**DO NOT WRITE IN THIS SPACE**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3558860** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**HADDAD, ROYCE C JR.  
 13555 AUTOMOBILE BLVD.  
 SUITE 540  
 CLEARWATER, FL 33762**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

TITLE	PD
NAME	SHUTTERA, ROBERT J
STREET ADDRESS	13555 AUTOMOBILE DR STE 540
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	SD
NAME	HADDAD, ROYCE C JR.
STREET ADDRESS	13555 AUTOMOBILE DR STE 540
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:  **ROBERT J. SHUTTERA** 1/17/05 727-299-0449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #