

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000003900

**Entity Name:** SHANNON RIVA, P.A.

**Current Principal Place of Business:**

1619 SHADOWMOSS CIRCLE  
LAKE MARY, FL 32746

**Current Mailing Address:**

1619 SHADOWMOSS CIRCLE  
LAKE MARY, FL 32746 US

**FEI Number:** 84-4410392

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIVA, SHANNON M  
1619 SHADOWMOSS CIRCLE  
LAKE MARY, FL 32746 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRES  
Name            RIVA, SHANNON M  
Address        1619 SHADOWMOSS CIRCLE  
City-State-Zip: LAKE MARY FL 32746

Title            VP  
Name            RIVA, DAVID  
Address        1619 SHADOWMOSS CIRCLE  
City-State-Zip: LAKE MARY FL 32746

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHANNON RIVA

**PRESIDENT**

**03/22/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date