

**2021 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	Title	VP
Name	RIVA, SHANNON M	Name	RIVA, DAVID
Address	1619 SHADOWMOSS CIRCLE	Address	1619 SHADOWMOSS CIRCLE
City-State-Zip:	LAKE MARY FL 32746	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 M RIVA

**PRESIDENT**

**03/15/2021**

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

\_\_\_\_\_  
Date