

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000107588

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC9644949497**

**Entity Name:** ACCOUNTING OFFICES OF BETSY A. MASCARO, P.A.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0802924

**Certificate of Status Desired:** No

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

MASCARO, BETSY A  
840 US HIGHWAY ONE  
STE 415  
NORTH PALM BEACH, FL 33408 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 DP  
Name MASCARO, BETSY A  
Address 840 US HWY 1 STE 415  
City-State-Zip: NORTH PALM BEACH FL 33408

Title S  
Name DANN, MARCY E  
Address 840 US HWY ONE  
City-State-Zip: NORTH PALM BEACH FL 33408

Title T  
Name SHEETS, KAREN  
Address 840 US HWY ONE STE 415  
City-State-Zip: NORTH PALM BEACH FL 33408

Title VP  
Name MONTI, LOUIS L  
Address 840 US HWY ONE  
SUITE 415  
City-State-Zip: NORTH PALM BEACH FL 33408

*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:** BETSY MASCARO

**PRESIDENT**

**01/13/2014**

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

\_\_\_\_\_  
Date