


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90017 040 ***158.75

DOCUMENT # P00000072845

1. Entry Name
SCAPE MANAGEMENT, INC.



Principal Place of Business Mailing Address

206 PINE CONE DRIVE **206 PINE CONE DRIVE**
FT. WALTON BEACH, FL 32548 **FT. WALTON BEACH, FL 32548**

2. Principal Place of Business 3. Mailing Address

310 E. Government St **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Pensacola, FL

City or State City or State

32502 Country



01032006 Org-P CR2E034 (11/05)

5. Name and Address of Current Registered Agent

SCALLAN, MADELINE L
206 PINE CONE DR.
32548
FORT WALTON BEACH, FL 32579

7. Name and Address of New Registered Agent

Name: **SCALLAN, Madeline**
 Street Address (P.O. Box Number is Not Acceptable):
310 E. GOVERNMENT ST, SUITE C1
 City: **Pensacola** **FL** Zip Code: **32502**

8. The above named entry 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: Madeline L Scallan DATE: 2-19-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

FILE NOW! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD SCALLAN, TED P 206 PINE CONE DR FT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST SCALLAN, MADELINE L 206 PINE CONE DR. FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information furnished 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: Madeline L Scallan DATE: 2-19-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Title and Print #