

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000086646

**FILED**  
**Feb 14, 2017**  
**Secretary of State**  
**CC3205522536**

**Entity Name:** RONALD SCALISI ARCHITECTS, P.A.

**Current Principal Place of Business:**

1309 ST. JOHNS BLUFF RD. N.  
SUITE A-5  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

1309 ST. JOHNS BLUFF RD. N.  
SUITE A-5  
JACKSONVILLE, FL 32225 US

**FEI Number:** 59-3216834

**Certificate of Status Desired:** Yes

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

SCALISI, RONALD L  
1309 ST. JOHNS BLUFF RD. N.  
SUITE A-5  
JACKSONVILLE, FL 32225 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            D  
Name            SCALISI, RONALD L  
Address        2332 COVINGTON CREEK DR. W.  
City-State-Zip: JACKSONVILLE FL 32224

Title            ST  
Name            SCALISI, EVELYN J  
Address        2332 COVINGTON CREEK DR. W.  
City-State-Zip: JACKSONVILLE FL 32224

*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:** RONALD SCALISI

**DIRECTOR**

**02/14/2017**

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

\_\_\_\_\_  
Date