2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M85734

1, Entity Name

SCUTILLO BLAKE MCMILLAN & JOYCE, PA



FILED May 03, 2004 08:00 AN Secretary of State

Principal Place of Business

8000 NORTH UNIVERSITY DRIVE FT. LAUDERDALE, FL 33321-2118 Mailing Address

8000 NORTH UNIVERSITY DRIVE FT. LAUDERDALE, FL 33321-2118



DO NOT WRITE IN THIS SPACE	DO	NOT	WRITI	: IN	THIS	SPA	CE
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No Chg-P CR2E034 (10/03) 01282004

5. Certificate of Status Desired	\$8.75 Additional Fee Required		
65- <u>005</u> 5118	 Not Applicabl		
4. FEI Number	Applied For		

6. Name and Address of Current Registered Agent

SCUTILLO, BARRY C.

CITY-ST-ZIP

NOT WOITE

	NIVERSITY DRIVE ERDALE, FL 33321		IN THIS SPACE				
the obligati	named entity submits this statement for the pions of registered agent. Signature, typed or printed name of registered agent and title it.		d office or registered agent, or bo Agent signature required when reinstating)	th, in the State of Florida. I am familiar with, and accept	_		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	sing \$5.00 May 8e	U00000152769 05/04/04-80098-024 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DPST SCUTILLO, BARRY C. 8000 N. UNIVERSITY DRIVE FT. LAUDERDALE, FL	-		<u></u>			
THILE NAME STREET ADDRESS CITY-ST-ZIP	VPT MCMILLAN, JEANNIE 8000 NORTH UNIVERSITY DRIVE FT LAUDERDALE, FL						
THILE NAME STREET ADDRESS CITY-ST-ZIP	VP JOYCE, DARYL 8000 NORTH UNIVERSITY DRIVE FT LAUDERDALE, FL			NOT WRITE	_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ASDRESS							

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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SIGNATURE:	Bury	ς.	Sentel	Ø.,	Pren.	BANKY	c. 5	CUTILLO	2/16/04	721-5222
, o,, ., ., .	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Bate .	Daylima Prome #			