

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-19-2005 90037 027 ***150.00
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1st MOORE CR2E034 (10/04) OS

DOCUMENT # P01000110910			
1. Entity Name J.M. SCALIA SERVICES, INC.			
Principal Place of Business 2090 46TH AVE. W SUITE 23 BRADENTON FL 34207		Mailing Address 2090 46TH AVE. W SUITE 23 BRADENTON FL 34207	
2. Principal Place of Business 2520 46th Ave. W.		3. Mailing Address 2520 46th Ave. W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Brad. FL		City & State Brad. FL	
Zip 34207		Country U.S.	
4. FEI Number 80-0006140		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCALIA, JOHN M 2190 46TH AVENUE WEST SUITE 23 BRADENTON FL 34207		7. Name and Address of New Registered Agent Name: Scalia John M. Street Address (P.O. Box Number is Not Acceptable): 2520 46th Ave. W. City: Bradenton FL Zip Code: 34207	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:		DATE: 7-15-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCALIA, JOHN M 2190 46TH AVENUE WEST BRADENTON FL 34207	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
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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12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE:		Date: 7-15-05 (941) 524 0494	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

To Whom it may concern: Or Barbara

I John M. Scalia of J.M. Scalia Services Inc. would like to request that the late fees be waved on my annual report due to the fact that I did not receive the forms to file until after the due date.

Also, please be advised that this same thing happened to me in "2000" and a letter was mailed to you that I did not receive a response for, but I paid the late fees anyway so if possible I would like a refund of \$400.00.

Thank you.
Please respond to:

(New Address)

John M. Scalia
J.M. Scalia Services Inc.
2520 46th Ave. W.
Bradenton FL 34207