

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90161 041 \*\*\*150.00

**DOCUMENT # P01000120400**

1. Entity Name  
**MICHELLE M. SCALA, P.A.**



Principal Place of Business  
**3617 CROWN POINT ROAD STE #1  
 SUITE #2  
 JACKSONVILLE, FL 32257**

Mailing Address  
**PO BOX 24668  
 JACKSONVILLE, FL 32241-4668**

2. Principal Place of Business  
**11331 Rivers Bluff Circle**

3. Mailing Address  
**11331 Rivers Bluff Circle**

Suite, Apt. #, etc.  
**Bradenton, FL**

Suite, Apt. #, etc.  
**Bradenton FL**

City & State  
**Bradenton, FL**

City & State  
**Bradenton FL**

Zip  
**34202**

Country  
**USA**

Zip  
**34202**

Country  
**USA**



02112005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**HERNANDEZ, MEREDITH A  
 3617 CROWN POINT ROAD STE #1  
 SUITE #2  
 JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent  
 Name **Michelle Scala Frenchman**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11331 Rivers Bluff Circle**  
**Gameville**  
 City **Gameville** FL Zip Code **34202**

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 *Michelle Scala* **MICHELLE SCALA** DATE **3/5/05**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

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	DPST SCALA, MICHELLE M PO BOX 24668 JACKSONVILLE, FL 322414668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SCALA-FRENCHMAN 11331 RIVERS BLUFF CIRCLE BRADENTON, FL 34202 <input checked="" 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
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
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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michelle Scala Frenchman* DATE **3/5/05** DAYTIME PHONE # **941-9622102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR