

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016455

Entity Name: SCOTT CAPELO-FINE P.A.

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

1603 REGAL MIST LOOP
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

1416 ARISTIDES CT
ODESSA, FL 33556

Current Mailing Address:

1603 REGAL MIST LOOP
NEW PORT RICHEY, FL 34655

New Mailing Address:

1416 ARISTIDES CT
ODESSA, FL 33556

FEI Number: 38-3642561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPELO-FINE, SCOTT A
1603 REGAL MIST LOOP
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

CAPELO-FINE, SCOTT A
1416 ARISTIDES CT
ODESSA, FL 33556 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:

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAPELO-FINE, SCOTT A
Address: 1603 REGAL MIST LOOP
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD () Delete
Name: CAPELO-FINE, MARIA I
Address: 1603 REGAL MIST LOOP
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAPELO-FINE, SCOTT A
Address: 1416 ARISTIDES CT
City-St-Zip: ODESSA, FL 33556

Title: SD (X) Change () Addition
Name: CAPELO-FINE, MARIA I
Address: 1416 ARISTIDES CT
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT A CAPELO-FINE

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date