

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90039 015 ***150.00

DOCUMENT # P02000049139

1. Entity Name

MCCULLAGH & SCOTT DEVELOPMENT, INC.



Principal Place of Business

316 E BLOOMINGDALE AVE
BRANDON FL 33511

Mailing Address

316 E BLOOMINGDALE AVE
BRANDON FL 33511

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

02-0600665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBAUGH, MITCHELL E
316 E BLOOMINGDALE AVE
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name
DIAZ, JR., MANUEL A.

Street Address (P.O. Box Number is Not Acceptable)

316 EAST BLOOMINGDALE AVENUE

City
BRANDON

FL

Zip Code
33511

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

Manuel A. Diaz, Jr.

Manuel A. Diaz, Jr.

February 6, 2004

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCOTT, L. DAVID	
STREET ADDRESS	942 SYMPHONY ISLES BLVD	
CITY-ST-ZIP	APOLLO BCH FL 33572	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCCULLAGH, JAMES P	
STREET ADDRESS	11305 LEPRECHAUN DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D1VP	<input type="checkbox"/> Delete
NAME	SCOTT, AMAN	
STREET ADDRESS	1317 DEW BIQUEN RD	
CITY-ST-ZIP	VALRICO FL 33007	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Manuel A. Diaz, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel A. Diaz, Jr.

February 6, 2004

(813) 621-7777

Date

Daytime Phone #