


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

07-18-2005 90044 040 ***150.00
09-02-2005 90012 026 ***400.00

DOCUMENT # P02000074845	
1. Entity Name F.L. SCAVELLO CONSTRUCTION & DESIGN, INC.	

Principal Place of Business 1905 EL DORADO PKWY. WEST CAPE CORAL, FL 33914	Mailing Address 1905 EL DORADO PKWY. WEST CAPE CORAL, FL 33914
--	--

50064575



2. Principal Place of Business <i>1832 SW 36th Terrace</i>	3. Mailing Address <i>1832 SW 36th Terrace</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07122005 Chg-P CR2E034 (10/03)

City & State <i>Cape Coral, FL</i>	City & State <i>Cape Coral, FL</i>
Zip <i>33914</i>	Zip <i>33914</i>
Country <i>Lee</i>	Country <i>Lee</i>

4. FEI Number 13-4203253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCAVELLO, FRANK L 1905 EL DORADO PKWY WEST CAPE CORAL, FL 33914	
--	--

7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1832 SW 36th Terrace</i> City <i>Cape Coral, FL</i> Zip Code <i>33914</i>	
--	--

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 <i>Frank L Scavello</i> DATE <i>7/12/05</i> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	
---	--

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD SCAVELLO, FRANK L 1905 EL DORADO PKWY. WEST CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>1832 SW 36th Terrace</i> <i>Cape Coral, FL 33914</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V RUEDA, ALEXANDER 208 FIRST PLACE, SE CAPE CORAL, FL 33990 <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	V BAKER, JOHN 521 SE 8TH PLACE CAPE CORAL, FL 33990 <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)(l), 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: <i>Frank L Scavello</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>7/12/05</i> 239-851-1327 <small>Date Daytime Phone #</small>

Frank L. Scavello



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 21, 2005

F.L. SCAVELLO CONSTRUCTION & DESIGN, INC.
1832 SW 36TH TERRACE
CAPE CORAL, FL 33914

Subject: F.L. SCAVELLO CONSTRUCTION & DESIGN, INC.

Reference Number: P02000074845

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

ATTACHMENT
50064575-
CALL MATTHEWS
OFFICE / FAX

Then a copy
see if we need to
send just a
check

549-1388