

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000074845	
1. Entity Name F.L. SCAVELLO CONSTRUCTION & DESIGN, INC.	
Principal Place of Business 620 NE 15TH AVE. UNIT # 2 CAPE CORAL, FL 33909	Mailing Address 620 NE 15TH AVE. UNIT # 2 CAPE CORAL, FL 33909



02072007 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent.

**SCAVELLO, FRANK L
620 NE 15TH AVE.
UNIT # 2
CAPE CORAL, FL 33909**

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SCAVELLO, FRANK L
STREET ADDRESS	620 NE 15TH AVE. UNIT # 2
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	V
NAME	RUEDA, ALEXANDER
STREET ADDRESS	206 FIRST PLACE, SE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	V
NAME	BAKER, JOHN
STREET ADDRESS	521 SE 8TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/07-80084-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Frank L Scavello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07 239-458-2722
Date Daytime Phone #