

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000033191

1. Entity Name
SCALZO DEVELOPMENT GROUP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 24 PM 1:47

Principal Place of Business
1909 PICCADILLY CIRCLE
CAPE CORAL, FL 33991

Mailing Address
1909 PICCADILLY CIRCLE
CAPE CORAL, FL 33991

2. Principal Place of Business
715 NE 19th Place

3. Mailing Address
715 NE 19th Place

Suite, Apt. #, etc.
Suite 31

Suite, Apt. #, etc.
Suite 31

City & State
Cape Coral

City & State
Cape Coral

Zip
33903

Country
USA

Zip
33903

Country
USA

10052005 Chg-P CR2E034 (10/03)

4. FEI Number
52-2441221

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALIOA, FRANK JR
2250 1ST ST
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name Ana DeMoya
Street Address (P.O. Box Number is Not Acceptable)
715 NE 19th Pl Ste 31
City Cape Coral FL Zip Code 33903

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

(NOTE: Registered Agent signature required when reinstating)

DATE 10/5/05

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE MGRM
NAME SCALZO, RONALD V JR
STREET ADDRESS 1909 PICCADILLY CIRCLE
CITY-ST-ZIP CAPE CORAL, FL 33991 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~President~~
NAME Scalzo, Elizabeth
STREET ADDRESS 1909 Piccadilly Cir
CITY-ST-ZIP Cape Coral, FL 33991 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300060457093
10/10/05--01078--001 **\$55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300060457093
10/27/05--01052--010 **\$15.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/05 239-573-5211
Date Daytime Phone #