

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000033191

**Entity Name:** SCALZO DEVELOPMENT GROUP, INC.

**FILED**  
**Oct 19, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1909 PICCADILLY CIRCLE  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

715 NE 19TH  
CAPE CORAL, FL 33909

**Current Mailing Address:**

1909 PICCADILLY CIRCLE  
CAPE CORAL, FL 33991

**New Mailing Address:**

715 NE 19TH PL  
CAPE CORAL, FL 33909

**FEI Number:** 52-2441221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIDDLEBROOKS, J HUGH  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCALZO, RONALD V PRESIDE  
Address: 1909 PICCADILLY CIRCLE  
City-St-Zip: CAPE CORAL, FL 33991

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SCALZO, RONALD V PRESIDE  
Address: 715 NE 19TH PLACE  
City-St-Zip: CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify 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: RON SCALZO

MNGR

10/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date