

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90139 009 \*\*\*150.00

DOCUMENT # P05000033935

1. Entity Name  
JOHN ROBERT SCARBROUGH, P.A.



Principal Place of Business  
5312 S.W. 28TH PLACE  
CAPE CORAL, FL 33914

Mailing Address  
5312 S.W. 28TH PLACE  
CAPE CORAL, FL 33914

40050942



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.  
Ste 102B

City & State  
Ft Myers FL

Zip  
33907

Country  
USA

3. Mailing Address

Suite, Apt. #, etc.  
Ste 102B

City & State  
Ft Myers FL

Zip  
33907

Country  
USA

03302007 Chg-P CR2E034 (12/06)

4. FEI Number  
20-2625930

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SCARBROUGH, JOHN R  
5312 S.W. 28TH PLACE  
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name  
Scarborough, John R.  
Street Address (P.O. Box Number is Not Acceptable)  
12650 New Brittany Blvd Ste 102B  
City  
Ft Myers FL Zip Code  
33907

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]* John R. Scarborough, President 4/2/07  
Signature, typed or printed name of registered agent, 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 P  
NAME SCARBROUGH, JOHN R ☐ Delete  
STREET ADDRESS 5312 S.W. 28TH PLACE  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE S/T  
NAME SCARBROUGH, JOHN R ☐ Delete  
STREET ADDRESS 5312 S.W. 28TH PLACE  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *[Signature]* John R. Scarborough 4/2/07 239-480-4603  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #