


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90009 032 \*\*\*150.00

<b>DOCUMENT # P06000018296</b>					
<b>1. Entity Name</b> SCOTT COLONEY, P.A.					
<b>Principal Place of Business</b> 2119 NE 7TH AVENUE FORT LAUDERDALE, FL 33305			<b>Mailing Address</b> 1507 E. LAS OLAS BLVD FORT LAUDERDALE, FL 33301		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04182008    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 20-4045837				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
COLONEY, SCOTT 2119 NE 7TH AVENUE FORT LAUDERDALE, FL 33305			Name <u>SCOTT COLONEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>1507 E. LAS OLAS BLVD.</u> City <u>FORT LAUDERDALE</u> FL <u>33301</u>		
<b>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</b>					
SIGNATURE <u>[Signature]</u> <u>SCOTT COLONEY, DIRECTOR</u> <u>4/18/08</u> DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLONEY, SCOTT 2119 NE 7TH AVENUE FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLONEY, SCOTT 1507 E. LAS OLAS BLVD. FORT LAUDERDALE, FL 33301 <input checked="" 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	
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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	
<b>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</b>					
SIGNATURE: <u>[Signature]</u> <u>SCOTT D. COLONEY</u> <u>4/18/08</u> (954) 377-5132					