

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90042 049 ***150.00

DOCUMENT # P06000106772

1. Entity Name
ANDREW A SCAVUZZO P.A.



Principal Place of Business
**9553 N VERMOSA LANE
TAMARAC, FL 33321**

Mailing Address
**9553 N VERMOSA LANE
TAMARAC, FL 33321**

2. Principal Place of Business - No P.O. Box #
9553 N VERMOSA LN

3. Mailing Address
9553 N VERMOSA LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272007

Chg-P

CR2E034 (12/06)

City & State
TAMARAC FL

City & State
TAMARAC FL

4. FEI Number
20-5404187

Applied For
Not Applicable

Zip
33321

Country

Zip
33321

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCAVUZZO, ANDREW A
9553 N VERMOSA LANE
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Andrew A. Scavuzzo

ANDREW A. SCAVUZZO

3/1/07

Signature, typed or printed name of registered agent and date 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
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
SCAVUZZO, ANDREW A
7553 N VERMOSA LANE
TAMARAC, FL 33321**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
SCAVUZZO, ANDREW A
9553 N VERMOSA LN
TAMARAC FL 33321**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Andrew A. Scavuzzo

ANDREW A. SCAVUZZO

3/1/07

954-682-7195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #