

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000052617

Entity Name: SCOTT M. GRANT, P.A.

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

3400 TAMIAMI TRAIL NORTH  
SUITE 201  
NAPLES, FL 34103 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

3400 TAMIAMI TRAIL NORTH  
SUITE 201  
NAPLES, FL 34103 US

## **New Mailing Address:**

FEI Number: 65-0504691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRANT, SCOTT M  
3400 TAMIAMI TRAIL NORTH  
SUITE 201  
NAPLES, FL 34103 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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: V  
Name: GRANT, LISA F  
Address: 3400 TAMIAMI TRAIL NORTH, SUITE 201  
City-St-Zip: NAPLES, FL 34103

Title: PD  
Name: GRANT, SCOTT M  
Address: 3400 TAMIAMI TRAIL NORTH, SUITE 201  
City-St-Zip: NAPLES, FL 34103

I hereby 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 all other like empowered.

SIGNATURE: SCOTT M. GRANT

P

03/22/2010

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

\_\_\_\_\_  
Date