


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P94000072064 1. Entity Name SCOT MICHAEL ASSOCIATES, INC. |  |
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|---|---|
| Principal Place of Business 4180-9 JOG ROAD LAKE WORTH, FL 33467 US | Mailing Address 4180-9 JOG ROAD LAKE WORTH, FL 33467 US |
|---|---|



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 65-0526165 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent COHEN, JEFFREY 4180-9 JOG ROAD LAKE WORTH, FL 33467 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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| 10. OFFICERS AND DIRECTORS | | <p>U00000189086 01/24/05-90080-014 150.00</p> DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COHEN, JEFFREY 6402 ENTRADA PLACE BOCA RATON, FL 33433 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP COHEN, STANLEY 18570 SERENA POINTE LANE BOCA RATON, FL 33496 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST COHEN, RHOA 18570 SERENA POINTE LANE BOCA RATON, FL 33496 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/05 561
642-5023