

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000072064

1. Entity Name
SCOT MICHAEL ASSOCIATES, INC.



Principal Place of Business
4180-9 JOG ROAD
LAKE WORTH, FL 33467 US

Mailing Address
4180-9 JOG ROAD
LAKE WORTH, FL 33467 US

FILED
Jan 20, 2006 08:00 AM
Secretary of State



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0526165
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, JEFFREY
4180-9 JOG ROAD
LAKE WORTH, FL 33467

**DO NOT WRITE
IN THIS SPACE**

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 of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 COHEN, JEFFREY
STREET ADDRESS 6402 ENTRADA PLACE
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE VP
NAME COHEN, STANLEY
STREET ADDRESS 18570 SERENA POINTE LANE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ST
NAME COHEN, RHOA
STREET ADDRESS 18570 SERENA POINTE LANE
CITY-ST-ZIP 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

U00000392981
01/25/06-80002-018 150.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06

Date

(561) 642-5023

Daytime Phone #