

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000084209

1. Entity Name  
SCOTT R. MARSHALL, P.A.



Principal Place of Business

2380 DREW STREET  
SUITE 4  
CLEARWATER, FL 33765

Mailing Address

2380 DREW STREET  
SUITE 4  
CLEARWATER, FL 33765

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3475060

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MARQUARDT, J. MATTHEW ESQ  
MACFARLANE FERGUSON & MCMULLEN  
625 COURT STREET SUITE 200  
CLEARWATER, FL 33756

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

U00000955797  
07/22/08-80007-003 550.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CEO  
MARSHALL, SCOTT R  
2380 DREW STREET STE 4  
CLEARWATER, FL 33765

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
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CITY - ST - ZIP

**DO NOT WRITE  
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: \_\_\_\_\_

SCOTT R. MARSHALL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08 727-669-2267  
Date Daytime Phone #