

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000014813

1. Entity Name

SCOTT W. SITTERSON, P.A.



Principal Place of Business

501 KEENAN AVE  
FT. MYERS, FL 33919

Mailing Address

501 KEENAN AVE  
FT. MYERS, FL 33919

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Sep 18, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0898597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

SITTERSON, SCOTT W  
501 KEENAN AVE  
FT. MYERS, FL 33919

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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000959864  
09/18/08-80002-025 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SITTERSON, SCOTT W  
STREET ADDRESS 501 KEENAN AVE  
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Date

Daytime Phone #