

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022821

FILED  
Mar 31, 2008  
Secretary of State

Entity Name: NAPOLITANO & SCAGGS REALTY, INC.

## Current Principal Place of Business:

1642 N VOLUSIA AVE  
SUITE 101  
ORANGE CITY, FL 32763

## New Principal Place of Business:

## Current Mailing Address:

1642 N VOLUSIA AVE  
SUITE 101  
ORANGE CITY, FL 32763

## New Mailing Address:

FEI Number: 59-3562558      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCAGGS, MARY ELLEN  
1642 N VOLUSIA AVE  
SUITE 101  
ORANGE CITY, FL 32763 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: D ( ) Delete  
Name: SCAGGS, MARY ELLEN  
Address: 2100 WIGGLEY FARMS RD  
City-St-Zip: DELTONA, FL 32725

Title: P ( ) Delete  
Name: SCAGGS, MARY E  
Address: 2100 WIGGLEY FARM ROAD  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete  
Name: NAPOLITANO, JOSEPH A  
Address: 1642 N VOLUSIA AVE SUITE 101  
City-St-Zip: ORANGE CITY, FL 32763M

Title: VP ( ) Delete  
Name: NAPOLITANO, JOSEPH A  
Address: 1642 N VOLUSIA AVE SUITE 101  
City-St-Zip: ORANGE CITY, FL 32763

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: NAPOLITANO, JOSEPH A  
Address: 1642 N VOLUSIA AVE SUITE 101  
City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY ELLEN SCAGGS

PD

03/31/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date