

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90205 025 \*\*\*150.00

<b>DOCUMENT # 016575</b>			
1. Entity Name <b>SCOTTY'S, INC.</b>			
Principal Place of Business <b>5300 RECKER HIGHWAY WINTER HAVEN FL 33882</b>		Mailing Address <b>5300 RECKER HIGHWAY WINTER HAVEN FL 33882</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-0294700</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  <b>BOWNE, DOUGLAS N 5300 RECKER HIGHWAY WINTER HAVEN FL 33882</b>				7. Name and Address of New Registered Agent Name <b>B+C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>390 NORTH ORANGE AVENUE</b> <b>SUITE 1100</b> City <b>ORLANDO</b> FL Zip Code <b>32801</b>			
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORRIS, TOM			NAME			
STREET ADDRESS	5300 RECKER HIGHWAY			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATTEN, JOEY			NAME			
STREET ADDRESS	5300 N RECKER HWY			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOST, DAVID			NAME			
STREET ADDRESS	5300 N RECKER HWY			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PACOS, ROBERT			NAME			
STREET ADDRESS	5300 N RECKER HWY			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWNE, DOUG			NAME			
STREET ADDRESS	5300 RECKER HWY			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33880			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(i), 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: Robert S. Pacos (ROBERT S. PACOS) 4/8/04 863-297-6139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #