


**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

5

05-23-2005 90007 022 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<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  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0294700</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>B&amp;C CORPORATE SERVICES OF CENTRAL FLA, INC          390 NORTH ORANGE AVE          ORLANDO, FL 32801</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00          Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>MORRIS, TOM</b> <b>5300 RECKER HIGHWAY          WINTER HAVEN, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>PATTEN, JOEY</b> <b>5300 N RECKER HWY          WINTER HAVEN, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>BOST, DAVID</b> <b>5300 N RECKER HWY          WINTER HAVEN, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>PACOS, ROBERT</b> <b>5300 N RECKER HWY          WINTER HAVEN, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <i>M. Paul Duffer</i>		<i>5/16/05</i>		<i>407 226 6521</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<i>Robert S. Pacos 6/16/05</i> <b>ROBERT S. PACOS</b>					

66023348



05172005 Chg-P CR2E034 (10/03)

Applied For  
 Not Applicable

**FL** Zip Code