


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 326177
1. Entity Name
THE SCOTTSDALE CO.



Principal Place of Business Mailing Address
4200 GULF SHORE BLVD. NORTH 4200 GULF SHORE BLVD. NORTH
NAPLES, FL 34103 US NAPLES, FL 34103 US

DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
36-2495903 Not Applicable

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

6. Name and Address of Current Registered Agent

CATALANO, ANTHONY J
4001 TAMiami TRAIL N
SUITE 250
NAPLES, FL 34103

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LUTGERT, S.F. 4200 GULF SHORE BLVD. N. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BAKER, R.J. 4200 GULF SHORE BLVD N NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD GUTMAN, H.B. 4200 GULF SHORE BLV N. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS JOHNSTON, GARY 4200 GULF SHORE BLVD N. NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/29/04-80190-003.150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Howard B. Gutman 4/27/04 (239) 261-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #