

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004575

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** BRENT SCARBROUGH & COMPANY, INC.

**Current Principal Place of Business:**

155 ROBINSON DRIVE  
FAYETTEVILLE, GA 30214

**New Principal Place of Business:**

**Current Mailing Address:**

155 ROBINSON DRIVE  
FAYETTEVILLE, GA 30214

**New Mailing Address:**

**FEI Number:** 58-1761943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: CDP  
Name: SCARBROUGH, D. BRENT  
Address: 155 ROBINSON DRIVE  
City-St-Zip: FAYETTEVILLE, GA 30214

Title: DV  
Name: WATERS, SHANE  
Address: 155 ROBINSON DRIVE  
City-St-Zip: FAYETTEVILLE, GA 30214

Title: S  
Name: CHAMBERS, CAROL  
Address: 155 ROBINSON DRIVE  
City-St-Zip: FAYETTEVILLE, GA 30214

Title: DV  
Name: WATERS, SHANE W  
Address: 155 ROBINSON DRIVE  
City-St-Zip: FAYETTEVILLE, GA 30214

I hereby 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 all other like empowered.

SIGNATURE: SHANE WATERS

VP

03/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date