

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45976

FILED
Apr 08, 2006
Secretary of State

Entity Name: SCOTT CARRIGAN, INC.

Current Principal Place of Business:

1500 SE 17TH STREET
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6688
OCALA, FL 344786688 US

New Mailing Address:

FEI Number: 59-3070619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAND, JAMES A JR
4548 SE 4TH PLACE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

MCMULLEN, STEVEN T
2347 SE 17TH STREET
OCALA, FL 34471 US

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: S. TODD MCMULLEN

04/08/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAZZURCO, MICHAEL
Address: 5680 SE 23RD LANE
City-St-Zip: Ocala, FL 34471

Title: VD () Delete
Name: CAMERON, SCOTT J
Address: 5010 SW 2ND AVENUE
City-St-Zip: Ocala, FL 34474

Title: SD () Delete
Name: BUCKLER, MARIA
Address: 5001 SW 20TH STREET, APT 3301
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: GASKIN, BARNEY
Address: 1975 SE 32ND LANE
City-St-Zip: Ocala, FL 34471 US

Title: TD () Delete
Name: BLAND, JAMES A JR
Address: 4548 SE 4TH PLACE
City-St-Zip: Ocala, FL 34471

Title: PD () Delete
Name: LAGANO, JOSEPH P
Address: 5008 SW 1ST AVENUE
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: MCMULLEN, STEVEN T
Address: 2347 SE 17TH STREET
City-St-Zip: Ocala, FL 34471

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

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

Title: TD (X) Change () Addition
Name: MESSINGER, JIM
Address: 2347 SE 17TH STREET
City-St-Zip: Ocala, FL 34471

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. TODD MCMULLEN

VD

04/08/2006

Electronic Signature of Signing Officer or Director

Date