

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90031 004 ***150.00

DOCUMENT # P03000048021



1. Entity Name
DISCOUNT SCOOTERS, INC.

Principal Place of Business Mailing Address
 10401 SNUG HARBOR RD NE LOT 181 10401 SNUG HARBOR RD NE LOT 181
 ST PETERSBURG, FL 33702 ST PETERSBURG, FL 33702

94017197



2. Principal Place of Business 3. Mailing Address
408 N. HOWARD AVE, #6
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02112004 Chg-P CR2E034 (10/03)

City & State
TAMPA, FL

4. FEI Number Applied For
54-2108265 Not Applicable

Zip Country Zip Country
33606

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GENTILE, BROOKE S 10401 SNUG HARBOR RD NE LOT 181 ST PETERSBURG, FL 33702		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTILE, BROOKE S 10401 SNUG HARBOR RD NE LOT 181 ST PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTILE, TYDE J 14515 KNOLL RIDGE DR TAMPA, FL 33625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: Brooke S. Gentile Brooke S. Gentile 02-12-04 813-253-0614
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #