


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90079 047 \*\*\*150.00

**DOCUMENT # P03000048021**

1. Entity Name  
**DISCOUNT SCOOTERS, INC.**



Principal Place of Business      Mailing Address  
**5908 N AMERICA AVE**      **5908 N AMERICA AVE**  
**TAMPA, FL 33604**      **TAMPA, FL 33604**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04302007      Chg-P      CR2E034 (12/06)

4. FEI Number  
**54-2108265**      Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent  
**GENTILE, BROOKE S**  
**10401 SNUG HARBOR RD NE LOT 181**  
**ST PETERSBURG, FL 33702**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ 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, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br>GENTILE, BROOKE S<br>10401 SNUG HARBOR RD NE LOT 181<br>ST PETERSBURG, FL 33702 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br>GENTILE, TYDE J<br>14515 KNOLL RIDGE DR<br>TAMPA, FL 33625                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____<br><input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____<br><input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____<br><input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____<br><input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4714 S. TRASK APT #34<br>TAMPA, FL 33611 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | _____<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | _____<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | _____<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | _____<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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**      04-30-07      813-875-1101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #