2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 31, 2004 8:00 am
Secretary of State
08-02-2004 90008 023 ***150.00

66432317

DOCUMENT # P03000145787

1. Entity Name
POSH-N-SCOTCH, INC.

Principal Place of Business	Mailing Address
5440 ALIBI TERRACE NORTH PORT, FL 34296	5440 ALIBI TERRACE NORTH PORT, FL 34296

06302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0483112 ☐ Applied For ☐ Not Applicable

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
BROOK, LAURA 5440 ALIBI TERRACE NORTH PORT, FL 34296	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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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 BROOK, LAURA 5440 ALIBI TERRACE NORTH PORT, FL 34296	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOK, JERRY 5440 ALIBI TERRACE NORTH PORT, FL 34296	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Laura L. Brook 7-18-04 941-423-4305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
Dr. FA/030001451787

Posh-n-Scotch Inc.

5440 Alibi Terrace
North Port, Fl. 34286

66432917

July 1, 2004

Division of Corporations
P.O. Box 1500
Tallahassee Florida, 32302-1500

Dear Sir or Madam:

Posh-n-Scotch Inc. has not ever received any documentation regarding its corporation and agreements with the State of Florida prior to a postcard received on 6/30/2004.

We will gladly pay the annual fee of $150.00 and for the future pay each year before the date of May 1st. If we had known this we would have had paid this on time.

Please resend our information to:

Posh-n-Scotch Inc.
Laura or Jerry Brook
5440 Alibi Terrace
North Port, Florida 34286

Our records indicate that you have the wrong zip code on our address. The one you have is 34296 when in fact it is 34286. Please update your records to correct this problem and that we may be able to receive correspondents from you in the future.

Sincerely,

Laura Brook
President and CEO

I appologize for the inconviniance of having to send this back

Jerry Brook
Vice President