2007 FOR PROFIT CORPORATION ANNUAL REPORT

05-18-2007 90027 013 ****61.25
P04000143279

FILED
07 MAY 23 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000143279

1. Entity Name
SCARR, INC.

Principal Place of Business	Mailing Address
8200 113TH STREET SUITE 2B SEMINOLE, FL 33772 US	8200 113TH STREET SUITE 2B SEMINOLE, FL 33772 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc. Suite 202
City & State	City & State
Zip / Country	Zip / Country

05162007 Chg-P CR2E034 (12/06)

4. FEI Number
51-0527303
☐ 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
SCARR, BARRY J 8200 113TH STREET SUITE 2B SEMINOLE, FL 33772	Name: Toni S Scarr Street Address (P.O. Box Number is Not Acceptable): 8200 113 St. Suite 202 City: Seminole FL Zip Code: 33772

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: Toni S Scarr 5-16-07
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 14, 2007

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	PD SCARR, BARRY J 8200 113TH STREET SUITE 2B SEMINOLE, FL 33772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Toni S. Scarr 8200 113 ST, SUITE 202 SEMINOLE FL 33772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6/14	☐ 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 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: Toni S Scarr 5-16-07 727-393-5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #