

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90028 005 ***150.00

DOCUMENT # P94000039838

1. Entity Name

SCOTT GENTRY, INC.



Principal Place of Business

**809 APPLETON AVE
 ORLANDO FL 32806
 US**

Mailing Address

**809 APPLETON AVE
 ORLANDO FL 32806
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3245706

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GENTRY, SCOTT M.
 809 APPLETON AVE
 ORLANDO FL 32806**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	DPT	<input type="checkbox"/> Delete
NAME	GENTRY, SCOTT M	
STREET ADDRESS	809 APPLETON AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	V	<input type="checkbox"/> Delete
NAME	GENTRY, LAURI	
STREET ADDRESS	809 APPPLETON AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	S	<input type="checkbox"/> Delete
NAME	WOODS, T. MICHAEL	
STREET ADDRESS	809 APPLETON AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	AT	<input type="checkbox"/> Delete
NAME	CHARRON, ROBERT H CPA	
STREET ADDRESS	446 MAIN ST	
CITY-ST-ZIP	WORCESTER MA 01608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 life empowered.

SIGNATURE:

Scott M Gentry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 15 04

Date

407/422-3144

Daytime Phone #