


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000039838 1. Entity Name SCOTT GENTRY, INC.	
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Principal Place of Business 809 APPLETON AVE ORLANDO, FL 32806 US	Mailing Address 809 APPLETON AVE ORLANDO, FL 32806 US
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3245706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

U00000745941
05/16/07-80049-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GENTRY, SCOTT M 809 APPLETON AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GENTRY, LAURI 809 APPLETON AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOODS, T. MICHAEL 809 APPLETON AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CHARRON, ROBERT H CPA 1400 COMPUTER DRIVE WESTBOROUGH, MA 01581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: J. Lauri Gentry J. Lauri Gentry 4/26/07 407 856-7680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #