


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT.# P97000003780 1. Entity Name AAGE W. SCOTT, INC.	
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Principal Place of Business 1711 THORNBERRY CIRCLE PALM CITY FL 34990-4459	Mailing Address 1711 THORNBERRY CIRCLE PALM CITY FL 34990-4459
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____	3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____
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4. FEI Number 65-0727008	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCOTT, AAGE W 1711 THORNBERRY CIRCLE PALM CITY FL 34990-4459

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	PT <input type="checkbox"/> Delete
NAME	SCOTT, AAGE W
STREET ADDRESS	1711 THORNBERRY CIR
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	VPS <input type="checkbox"/> Delete
NAME	SCOTT, NINI
STREET ADDRESS	1711 THORNBERRY CIR
CITY-ST-ZIP	PALM CITY FL
TITLE	VP <input type="checkbox"/> Delete
NAME	SCOTT, LUCY
STREET ADDRESS	612 ELM AVE
CITY-ST-ZIP	TACOMA PARK MD 20912
TITLE	ATAS <input type="checkbox"/> Delete
NAME	SCOTT, CARINA
STREET ADDRESS	1711 THORNBERRY CIR
CITY-ST-ZIP	PALM CITY FL
TITLE	<input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

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02/18/05-80015-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Carina Scott Secretary Date: 2-16-05 Daytime Phone #: 772-783-3063