


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000003780

1. Entity Name
AAGE W. SCOTT, INC.



Principal Place of Business Mailing Address

1711 THORNBERRY CIRCLE 1711 THORNBERRY CIRCLE
 PALM CITY FL 34990-4459 PALM CITY FL 34990-4459



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

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

SCOTT, AAGE W
1711 THORNBERRY CIRCLE
PALM CITY FL 34990-4459

4. FEI Number Applied For

65-0727008 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May 1
 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	U00000407109	
STREET ADDRESS	02/08/06-80003-010 150.00	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carina Scott 1-26-06 772-283-3063
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #