

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45976

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** SCOTT CARRIGAN, INC.

**Current Principal Place of Business:**

1500 SE 17TH STREET  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6688  
OCALA, FL 344786688 US

**New Mailing Address:**

**FEI Number:** 59-3070619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLAUGHTER, LANFORD T JR.  
1209 SE 14TH STREET  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HENDRICKSON, MICKEY  
Address: P.O. BOX 6688  
City-St-Zip: Ocala, FL 34478

Title: VP  
Name: BRISCOE, TEDDY  
Address: 8 JUNIPER PASS DRIVE  
City-St-Zip: Ocala, FL 34480

Title: S  
Name: BETCHEL, MISSY  
Address: 1360 SE 65TH CIRCLE  
City-St-Zip: Ocala, FL 34472

Title: O  
Name: SLAUGHTER, LANFORD T JR.  
Address: 1209 SE 14TH STREET  
City-St-Zip: Ocala, FL 34471

Title: T  
Name: GIBAS, KIM  
Address: 514 SE SANCHEZ AVE.  
City-St-Zip: Ocala, FL 34471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LANFORD T. SLAUGHTER, JR.

O

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date