

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 285403**

1. Entity Name  
**SCOTT'S JAY APPLIANCE & FURNITURE COMPANY, INC.**



Principal Place of Business      Mailing Address

3898 HWY. 4      P. O. BOX 189  
 JAY, FL 32565 US      JAY, FL 32565 US

**DO NOT WRITE IN THIS SPACE**



03042004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-1061683      Not Applicable

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

6. Name and Address of Current Registered Agent

**SCOTT, MICHAEL D**  
 3898 HWY 4  
 JAY, FL 32565

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000080750  
 03/08/04-80121-024 150.00

10. OFFICERS AND DIRECTORS

TITLE: PD  
 NAME: SCOTT, MICHAEL D  
 STREET ADDRESS: 3898 HWY. 4  
 CITY-ST-ZIP: JAY, FL 32565

TITLE: S  
 NAME: SCOTT, RAYMOND M  
 STREET ADDRESS: 3898 HWY. 4  
 CITY-ST-ZIP: JAY, FL 32565

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
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 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: M. D. Scott (Pres) M.D. Scott    2-4-04    850-675-4566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #