

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90008 017 ***150.00

DOCUMENT # 331201

1. Entity Name
SCOTT - MCRAE ADVERTISING, INC.



Principal Place of Business
**701 RIVERSIDE PARK PLACE
SUITE 310
JACKSONVILLE, FL 32204**

Mailing Address
**701 RIVERSIDE PARK PLACE
SUITE 310
JACKSONVILLE, FL 32204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-1212250

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWRENCE M. MATHENY JR & PAMELA L. WIKER
701 RIVERSIDE PARK PLACE
SUITE 310
JACKSONVILLE, FL 32204**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
GRAHAM, HENRY H JR
701 RIVERSIDE PARK PLACE, SUITE 310
JACKSONVILLE, FL 32204** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KANE, WILLIAM H
701 RIVERSIDE PARK PLACE, SUITE 200
JACKSONVILLE, FL 32204** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HODGES, DAVID C JR.
701 RIVERSIDE PARK PLACE, SUITE 310
JACKSONVILLE, FL 32204** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JONES, RICHARD K
701 RIVERSIDE PARK PLACE, STE. 100
JACKSONVILLE, FL 32204** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCRAE, WALTER M
1725 MEMORIAL PARK DR.
JACKSONVILLE, FL 32204** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
MATHENY, LAWRENCE M JR
701 RIVERSIDE PARK PLACE, SUITE 310
JACKSONVILLE, FL 32204** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DTS
Matheny, Lawrence M. Jr.
701 Riverside Park Place, Suite 310
Jacksonville, FL 32204** ☒ Change ☐ Addition

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:

[Signature]

Henry H. Graham, Jr.

2/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #