


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 371504 1. Entity Name SCAFF'S, INC.	
--	---

Principal Place of Business 134 S.E. COLBURN AVE LAKE CITY, FL 32025	Mailing Address 134 SE COLBURN AVENUE LAKE CITY, FL 32025
--	---

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1317995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCAFF JR,STAFFORD L 134 S.E. COLBURN AVE LAKE CITY, FL 32025
--

**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 _____ (NOTE: Registered Agent signature required when reinstating)

000000578185
01/09/07 88812 014 150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCAFF JR,STAFFORD L 134 S.E. COLBURN AVE LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCAFF, ANNE C 134 S.E. COLBURN AVE LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: ANNE C. SCAFF 1/04/07 386 752 7344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #