2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Q

FILED Feb 05, 2005 08:00 AM Secretary of State DOCUMENT # 380868 1. Entity Name SCUDDER'S CARRIAGE HOUSE, INC. Principal Place of Business Mailing Address 4645 E SILVER SPRGS BLVD OCALA, FL 32 4645 E SILVER SPRGS BLVD OCALA, FL 32 P.O. BOX 246 P.O. BOX 246 SILVER SPRINGS FL 34489 SILVER SPRINGS FL 34489 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1325702 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCUDDER, FRANK A 4645 E SILVER SPGS BLVD Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34470 Zip Code FI 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 reinstalling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BITE PΩ ☐ Delete TITLE ☐ Change ☐ Addition SCUDDER, FRANK A J 100001315710202 150.00 NAME NAME STREET ADDRESS 4645 E SILVER SPGS BLVD STREET ADDRESS CITY-ST-7IP OCALA FL 34470 CITY-ST-ZIP STD TITLE Delete TITLE Change ☐ Addition SCUDDER, JOAN S NAME NAME STREET ADDRESS 4645 E SILVER SPGS BLVD STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP JITLE VPD ☐ Delete TITLE ☐ Change ☐ Addition NAME SCUDDER, LINDA G NAME STREET ADDRESS STREET ADDRESS 4645 E SILVER SPGS BLVD CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34470 TITLE Delete TITLE ☐ Change Addition BUCKALEW, MARLENE S NAME NAME 4645 E SILVER SPGS BLVD STREET ADDRESS STREET ADDRESS U00000215961 02/05/05-80030-002 150.00 CITY - ST - ZIP OCALA FL CITY-ST-ZIP Change TITLE ☐ Delete Addition SCUDDER, TODD S NAME NAME 4645 E SILVER SPGS BLVD STREET ADDRESS STREET ADDRESS OCALA FL CITY-ST-ZIP CITY-ST-ZIP CEO Delete TITLE ☐ Change TITLE ☐ Addition SCUDDER, FRANK A NAME NAME 4645 E SILVER SPRINGS BLVD STREET ADDRESS STREET ADDRESS OCALA FL 34470 CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if I hereby certify that the information supplied with this filling indicated on this report of supplemental report is true and changed, or on an attachm