


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90032 001 ***150.00

DOCUMENT # 380868 1. Entity Name SCUDDER'S CARRIAGE HOUSE, INC.			
Principal Place of Business 4645 E SILVER SPRGS BLVD OCALA, FL 32 P.O. BOX 246 SILVER SPRINGS FL 34489 US		Mailing Address 4645 E SILVER SPRGS BLVD OCALA, FL 32 P.O. BOX 246 SILVER SPRINGS FL 34489 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SCUDDER, FRANK A 4645 E SILVER SPGS BLVD OCALA FL 34470		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small> <div style="float: right;">DATE _____</div>			
FILE NOW!!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME SCUDDER, FRANK A JR STREET ADDRESS 4645 E SILVER SPGS BLVD CITY-ST-ZIP OCALA FL 34470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD <input type="checkbox"/> Delete NAME SCUDDER, JOAN S STREET ADDRESS 4645 E SILVER SPGS BLVD CITY-ST-ZIP OCALA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD <input type="checkbox"/> Delete NAME SCUDDER, LINDA G STREET ADDRESS 4645 E SILVER SPGS BLVD CITY-ST-ZIP OCALA FL 34470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete NAME BUCKALEW, MARLENE S STREET ADDRESS 4645 E SILVER SPGS BLVD CITY-ST-ZIP OCALA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete NAME SCUDDER, TODD S STREET ADDRESS 4645 E SILVER SPGS BLVD CITY-ST-ZIP OCALA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CEO <input type="checkbox"/> Delete NAME SCUDDER, FRANK A STREET ADDRESS 4645 E SILVER SPRINGS BLVD CITY-ST-ZIP OCALA FL 34470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE CR2E034 (10/05)

4. FEI Number **59-1325702** Applied For
Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06 352-236-5211
Date Daytime Phone #