2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 392032

FILED Jan 16, 2007 Secretary of State

Entity Na	me: SCOTT-E	BURNETT, INC.			
Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
711 W. GAINES STREET P O BOX 2394 TALLAHASSEE, FL 32304				711 W. GAINES STREET TALLAHASSEE, FL 32304	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
711 W. GAINES STREET P O BOX 2394 TALLAHASSEE, FL 32304			PO BOX 2394	711 W. GAINES STREET PO BOX 2394 TALLAHASSEE, FL 32304	
FEI Number	: 59-1367426	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and Addre	ss of New Registered Agent:	
SCOTT, MARK R 711 WEST GAINES ST. P O BOX 2394 WAS TALLAHASSEE, FL 32304 US				SCOTT, MARK R 711 WEST GAINES ST. TALLAHASSEE, FL 32304 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE:				01/16/2007	
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (SCOTT, MARK 3809 SALLY LA TALLAHASSEE	NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	•		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR (SCOTT, EUGEI 3069 SHAMRO TALLAHASSEE	CK ST NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR (SCOTT, RICHA 1233 PHEASAI TALLAHASSEE	IT RUN DRIVE	Address: 6287 H	(X) Change()Addition K, AUDREY SCOTT EARTLAND CIRCLE HASSEE, FL 32312	
Title: Name: Address:	ST (X KOTICK, AUDR 6287 HEARTLA		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: AUDREY SCOTT KOTICK ST 01/16/2007

TALLAHASSEE, FL 32312

City-St-Zip: