

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 392032

Entity Name: SCOTT-BURNETT, INC.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

711 W. GAINES STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

711 W. GAINES STREET
PO BOX 2394
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 59-1367426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, MARK R
711 WEST GAINES ST.
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCOTT, MARK RANDOLPH
Address: 3809 SALLY LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: V () Delete
Name: SCOTT III, RALPH WENTWORTH
Address: 6528 HEARTLAND CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: DIR () Delete
Name: SCOTT, EUGENIA H
Address: 3069 SHAMROCK ST NORTH
City-St-Zip: TALLAHASSEE, FL 32308

Title: ST () Delete
Name: KOTICK, AUDREY SCOTT
Address: 6287 HEARTLAND CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: AUDREY SCOTT KOTICK

ST

01/12/2009

Electronic Signature of Signing Officer or Director

Date