

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 395710

1. Entity Name
WESCOTT GROVES, INC.



Principal Place of Business
**P O BOX 2457
FORT PIERCE, FL 34954-9457**

Mailing Address
**P O BOX 2457
FORT PIERCE, FL 34954-9457**



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1378736

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCOTT, KENNETH T
650 N. ROCK ROAD
FT. PIERCE, FL 34945**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SCOTT, KENNETH T.
STREET ADDRESS	650 ROCK RD. N.
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	VD
NAME	SCOTT, WAYNE A.
STREET ADDRESS	650 ROCK RD. N.
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	PD
NAME	SCOTT, DAN C.
STREET ADDRESS	1901 S INDIAN RIVER DR
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	TD
NAME	SCOTT, ALFRED W.
STREET ADDRESS	365 NIEUPORT DRIVE
CITY-ST-ZIP	VERO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/08-80021-021 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #