


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90009 025 \*\*\*150.00

**DOCUMENT # 475305**  
 1. Entity Name  
**SCOTTY'S GROCERY, INC.**



Principal Place of Business      Mailing Address  
 17063 SE 80 LOCUSWOOD CT.      17063 SE 80 LOCUSWOOD CT.  
 LADY LAKE FL 32162      LADY LAKE FL 32162

64070026



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
**1283 SE 173 ARLINGTON LOOP**      **1283 SE 173 ARLINGTON LOOP**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**THE VILLAGES, FL**      **THE VILLAGES, FL.**  
 Zip      Country      Zip      Country  
**32162**      **MARION**      **32162**      **MARION**

4. FEI Number      Applied For  
**59-1595287**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**GRIFFITH, THOMAS F**  
**7300 N KENDALL DR #450**  
**MIAMI FL 33156**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City      **FL**      Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAREY, CLAUDETTE 17063 SE 80TH LOCUSWOOD CT. THE VILLAGE FL 32162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAREY, CLAUDETTE 1283 SE 173 ARLINGTON LOOP THE VILLAGES, FL 32162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Claudette Carey      **CLAUDETTE CAREY**      4/25/04      352.753.2514  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #