

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 521124

Entity Name: SCOTT'S PLAZA, INC.

FILED  
Apr 08, 2005  
Secretary of State

## Current Principal Place of Business:

207 SPRING STREET  
JAY, FL 32565

## New Principal Place of Business:

## Current Mailing Address:

3785 NOWLING RD.  
JAY, FL 32565

## New Mailing Address:

FEI Number: 59-1710028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELAINE ATES  
4463 AZEL SCOTT LANE  
JAY, FL 32565 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: PD ( ) Delete  
Name: THOMAS, SCOTT G.  
Address: 3785 NOWLING ROAD  
City-St-Zip: JAY, FL

Title: D ( ) Delete  
Name: SCOTT, STEVEN  
Address: RT 1  
City-St-Zip: JAY, FL

Title: SD ( ) Delete  
Name: ATES,ELAINE,  
Address: ROUTE 3, BOX 947-E  
City-St-Zip: JAY, FL 32565

Title: TD ( ) Delete  
Name: BLACKMON,JANICE MARI, E  
Address: ROUTE 3, BOX 947-D  
City-St-Zip: JAY, FL 32565

Title: D ( ) Delete  
Name: BRAGG, CAROLYN,  
Address: KILARNEY DR.  
City-St-Zip: PACE, FL

Title: D ( ) Delete  
Name: SCOTT, JERRY,  
Address: WATERMILL RD.  
City-St-Zip: JAY, FL

## 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:

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 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 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: THOMAS G SCOTT

PD

04/08/2005

Electronic Signature of Signing Officer or Director

Date