

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 521124

Entity Name: SCOTT'S PLAZA, INC.

FILED
Feb 16, 2009
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:

ATES, ELAINE
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 32565

Title: D () Delete
Name: SCOTT, STEVEN
Address: RT 1
City-St-Zip: JAY, FL 32565

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

Title: TD () Delete
Name: BLACKMON, JANICE MARIE
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 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: ELAINE ATES

TD

02/16/2009

Electronic Signature of Signing Officer or Director

Date