


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 11, 2008 8:00 am
Secretary of State

05-21-2008 90023 016 ***150.00

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|--|---|
| DOCUMENT # 659235 1. Entity Name SCROGGIE REALTY, INC. |  |
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|---|---|
| Principal Place of Business C/O WARREN G. SCROGGIE 5302 S.E. ABSHIER BLVD, P.O. BOX 1357 BELLEVUE, FL 34421 | Mailing Address C/O WARREN G. SCROGGIE 5302 S.E. ABSHIER BLVD, P.O. BOX 1357 BELLEVUE, FL 34421 |
|---|---|

DO NOT WRITE IN THIS SPACE

66014022



04182008 No Chg-P CR2E034 (11/05)


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|---|--|
| 4. FEI Number 59-1997807 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**SCROGGIE, WARREN G.
5302 S.E. ABSHIER BLVD.
BELLEVUE, FL 34421**

**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  DATE **4.29.08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

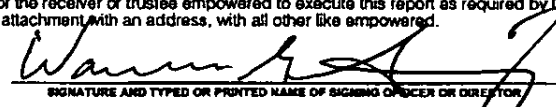
| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SCROGGIE, WARREN G. 5302 S.E. ABSHIER BLVD BELLEVUE, FL 34421 |
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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:  DATE **6-05-08** DAYTIME PHONE **245-2478**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR