2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 16, 2008 8:00 am Secretary of State

DOCUMENT	TRIM BOSINE	SS REPORT (DRK)	₁ Secretary of	State		
DOCUMENT	# 768827	04-16-2008 90014 041 ****61.25					
Entity Name		1	31. <u>2</u> 0				
			/				
SCALE RAILS OF SC	OUTHWEST FLORID	A INC					
na	NOTWOITE	IN THE COAC	S	COCOMPA			
טע	NUI WRIIE	IN THIS SPAC	· C	60023760			
0 0 0	D	IO M-W Add					
Principal Place of Business 1262 PINEY ROAD		3. Mailing Address 1262 PINEY ROAD					
Suite, Apt #, etc		Suite, Apt. #, etc,		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59-2311659	Applied For		
NORTH FORT MYER	· · · · · · · · · · · · · · · · · · ·	NORTH FORT MYERS, FL		4	Not Applicable \$8.75 Additional		
Zip . 33903 <i>i</i>	Country	Zip 33903 <i>(\$)</i>	Country	5. Certificate of Status Desired	Fee Required		
			7.	Name and Address of Current Re			
.5¢		e en tre	Name	**			
			RICHARD B.				
	DO NOT WR			s (P.O. Box Number is Not Acceptate RRODE DRIVE	ole)		
	IN THIS SPA	VC.F	OVE ANOTHOR	RODEDRIVE			
			City NAPLES	F	L Zip Code 34103		
8 The above named	l entity submits this st	atement for the numos		egistered office or registered agent, o	104100		
		, and accept the obliga			Ji 5081,		
		., aa aasapt aa ag.		- 3 -7-11			
SIGNATURÉ	re housed are existed manner of real	stared agent and title if applicable	/NOTE: Registered Agent ele	gnature required when reinstating) DATE			
Signatur	re typed or printed name of regis	kered agent and title it applicable.	(NOTE: Registered Agent sig	grature required when remissaring)			
		O Floriba Commission	- Financian - 05 04				
FEE IS Initial or Arr		9. Election Campaig Trust Fund Contri		0 May Be Make Check ed to Fees Florida Departi			
sinuat ul Ati	IOILION O DA	Hust Fund Condi	DUIIO11. [] Adde	o to rees right a pepart	nencorotate		
10.	OFFICERS AND DIF	RECTORS	11.				
TITLE	PD		TITLE				
NAME	PETER GROSS		NAME				
	6012 TIERA ENTRA		STREET ADDRE	SS			
CITY-ST-ZIP	FORT MYERS FLOR	RIDA	CITY-ST-ZIP				
TITLE	VP D		TITLE				
NAME	JIM EDMIER	IDCI E	NAME STORET ADDOR	oc.			
STREET ADDRESS CITY-ST-ZIP	17807 DARCENA C NORTH FORT MYE		STREET ADDRE	့			
TITLE	SD	NO FEORIDA	TITLE				
NAME	JIM MORSE		NAME				
STREET ADDRESS	162 SW 49TH STRE	ET	STREET ADDRE	SS			
CITY-ST-ZIP	CAPE CORAL FLOR		CITY-ST-ZIP	T DO NOT W	RIE		
TITLE	T D		TITLE	IN THIS SE	PACE		
NAME	STANLEY SEEDS		NAME				
STREET ADDRESS			STREET ADDRE	55			
CITY-ST-ZIP	FORT MYERS FLOR	KIDA 33908	CITY-ST-ZIP				
TITLE	CD DENNIS LITTLE		TITLE				
NAME STREET ADDRESS	11410 LONGWATE	R CHASE	NAME STREET ADDRE	SS			
CITY-ST-ZIP	FORT MYERS FLOR		CITY-ST-ZIP				
TITLE			TITLE				
NAME			NAME				
STREET ADDRESS			STREET ADDRE	SS			
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP				
12. I hereby certify that the	information supplied with th	is filing does not qualify for the	exemption stated in Sec	ction 119.07(3)(i), Florida Statutes. I further cert	ify that the		

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment, with an address, with all other like empowered.

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MAUNY STAN SEEDS, TO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/10/2008

(239) 454-0972

Daytime Phone #