

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # 833224

1. Entity Name
SCARBOROUGH & ASSOCIATES, INC.



Principal Place of Business
**C/O C T CORPORATION SYSTEM
8751 WEST BROWARD BOULEVARD
PLANTATION, FL 33324**

Mailing Address
**P. O. BOX 7127
DOTHAN, AL 36302 US**



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0673240

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SCARBOROUGH, C. DAVID
1202 VICTORIA LANE
DOTHAN, AL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SCARBOROUGH, MURRIEL W.
1202 VICTORIA LANE
DOTHAN, AL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPS
MEREDETH, PHILLIP G
102 ANNA LEE
DOTHAN, AL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000318327
04/20/05-80054-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

C. David Scarborough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
C. David Scarborough, President

April 13, 2005 (334)794-2781

Date

Daytime Phone #