

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 842617**

1. Entity Name  
**SCOTT PAINT COMPANY, INC.**



Principal Place of Business

**7839 FRUITVILLE ROAD  
SARASOTA, FL 34240**

Mailing Address

**7839 FRUITVILLE ROAD  
SARASOTA, FL 34240**



05062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-1140127**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**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 reappointing)

1100000366051

05/11/05-80027-022 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VPGM
NAME	BARNES, DANIEL C
STREET ADDRESS	7839 FRUITVILLE ROAD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	SD
NAME	RAMER, BRUCE
STREET ADDRESS	132 S. RODEO DR
CITY-ST-ZIP	BEVERLY HILLS, CA 90212
TITLE	COB
NAME	LAWRENCE, RAMER
STREET ADDRESS	1999 AVENUE OF THE STARS
CITY-ST-ZIP	LOS ANGELES, CA
TITLE	ASC
NAME	BOSSART, THEODORE E II
STREET ADDRESS	7839 FRUITVILLE ROAD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	PCOO
NAME	RAMER, DOUGLAS
STREET ADDRESS	800 N CHARLES ST, #201M
CITY-ST-ZIP	BALTIMORE, MD 21201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**T. E. Bossart II VP Finance & Administration**

5/9/05

Date

Daytime Phone