

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
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**



01042008 No Chg-P CR2E034 (11/05)

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000909067
05/06/08-80056-003 150.00**

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 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18/08 941-371-0015