

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 AUG 24 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00944 1. Entity Name SCARBROUGH ENTERPRISES, INC.					
Principal Place of Business 918 LINCOLN AVENUE C/O SYDNEY SCARBROUGH STUART, FL 34994			Mailing Address 918 LINCOLN AVENUE C/O SYDNEY SCARBROUGH STUART, FL 34994		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2022543	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCARBROUGH, SYDNEY 918 LINCOLN AVENUE STUART, FL 33497				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCARBROUGH, SYDNEY 918 LINCOLN AVE STUART, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTER T. JONES 918 LINCOLN AVE STUART FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCARBROUGH, EUGENE 918 LINCOLN AVE STUART, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SYDNEY E. SCARBROUGH 918 LINCOLN AVE STUART FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700040580727 08/27/04--01040--002 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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: <u>Walter T. Jones</u> WALTER T. JONES 8/18/04 772-287-4588					