

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000005944**

1. Entity Name  
**SCARLET INVESTMENT MANAGEMENT, INC.**



Principal Place of Business

**C/O NEVADA CORPORATE HEADQUARTERS, INC.  
101 CONVENTION CENTER DR SUITE 700  
LAS VEGAS, NV 89109**

Mailing Address

**C/O NEVADA CORPORATE HEADQUARTERS, INC.  
101 CONVENTION CENTER DR SUITE 700  
LAS VEGAS, NV 89109**



04102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1764799**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BEDFORD, JOHN R  
17607 ESPRIT DRIVE  
TAMPA, FL 33647**

**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 reelecting)

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**

**000000917813  
05/13/08-80055-012 158.75**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PCTD  
BEDFORD, JOHN R  
17607 ESPRIT DRIVE  
TAMPA, FL 33647**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VDS  
BEDFORD, TARA C  
17607 ESPRIT DRIVE  
TAMPA, FL 33647**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 like empowered.

**SIGNATURE:** *[Signature]* **PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2008  
Date

813-973-8439  
Daytime Phone #