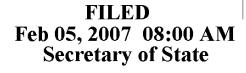
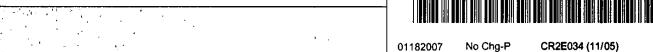
2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F05000007270 SCOTCHMAN INDUSTRIES, INC. Principal Place of Business Mailing Address 180 E. HWY. 14 PO BOX 850 PHILIP, SD 57567 PHILIP, SD 57567







DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4.	FEI Number		Applied For
	46-0305595		Not Applicable
5.	Certificate of Status Desired	\$8.75 / Fee Requ	

COLLETTE, DONALD 17611 EAST ST. NORTH FT. MYERS, FL 33917

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- 7IP

BX 122

PHILIP, SD 57567

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement that pose 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 Significantly speed of the position of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Digital.							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS	,	4 th 4 th 5 th 5 th 5 th 5 th 5 th 5 th			
TITLE	Р						
NAME	REET ADDRESS BX 122						
STREET ADDRESS							
CITY-ST-ZIP							
TITLE V NAME RISLOV, GERALD STREET ADDRESS BX 93			and the second of the second of the second				
			U00000620521				
			U00000620521 02/09/07-80039-017,150.00				
CITY-ST-ZIP	PHILIP, SD 57567						
TITLE	ST			" The same of the			
NAME KROETCH, KAREN							

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

SIGNATURE: