

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14284

FILED
Apr 08, 2004
Secretary of State

Entity Name: SCOTTY'S LAND DEVELOPMENT, INC.

Current Principal Place of Business:

% JAMES SCOTT WELLS
6995 90TH AVE, N
PINELLAS PARK, FL 33782 US

Current Mailing Address:

% JAMES SCOTT WELLS
6995 90TH AVE, N
PINELLAS PARK, FL 33782 US

New Principal Place of Business:

% JAY S. WELLS
6995 90TH AVE, N
PINELLAS PARK, FL 33782 US

New Mailing Address:

% JAY S. WELLS
6995 90TH AVE, N
PINELLAS PARK, FL 33782 US

FEI Number: 59-2051805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, JAMES SCOTT
8104 BAY HAVEN DR.
SEMINOLE, FL 33776

Name and Address of New Registered Agent:

WELLS, JAY S.
10620 SEMINOLE FOREST ST. WEST
SEMINOLE, FL 33778

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.

SIGNATURE: JAY S. WELLS

04/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WELLS, CONSTANCE G,
Address: 8104 BAY HAVEN DR
City-St-Zip: SEMINOLE, FL 00000,

Title: PTD () Delete
Name: WELLS, JAMES SCOTT,
Address: 8104 BAY HAVEN DR
City-St-Zip: SEMINOLE, FL 00000,

Title: V () Delete
Name: DIBLASI, RICHARD J.,
Address: 511 OAKLEAF BLVD.
City-St-Zip: OLDSMAR, FL

Title: V () Delete
Name: WELLS, JAY S.
Address: 8104 BAYHAVEN DR.
City-St-Zip: SEMINOLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY S. WELLS

PTD

04/08/2004

Electronic Signature of Signing Officer or Director

Date