


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90041 005 ***150.00

DOCUMENT # F43631 1. Entity Name SCARECROW UTILITY, INC.	
--	---

Principal Place of Business <i>2348</i> 1900 LAND O' LAKES BLVD. <i>Raden Dr</i> 107 <i>Land O' Lakes FL</i> LUTZ, FL 33549 US <i>34639</i>	Mailing Address <i>2348 Raden Drive</i> 1900 LAND O' LAKES BLVD. 107 <i>Land O' Lakes FL</i> LUTZ, FL 33549 US <i>34639</i>
--	--

50055524



07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2263882	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DELUCENAY, JANICE 1900 LAND O' LAKES BLVD STE 107 LUTZ, FL 33549 <i>2348 Raden Drive</i> <i>Land O' Lakes FL</i> <i>34639</i>
--

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELUCENAY, JANICE L. 22953 HALE ROAD LAND O' LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELUCENAY, LARRY G 22953 HALE ROAD LAND O' LAKES, FL
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 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: *Janice L. Delucenay* *7/2/05* *813-949-2167*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #