


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F58665
 1. Entity Name
E.M. SCOTT GENERAL CONTRACTOR, INC.



Principal Place of Business 1224 EAST MADISON ST. TAMPA, FL 33602 US	Mailing Address 1224 EAST MADISON ST. TAMPA, FL 33602 US
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2151303	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCOTT, ROBERT J
 1224 EAST MADISON ST.
 TAMPA, FL 33602

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 re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, MARK J 1224 EAST MADISON ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS SCOTT, BRUCE E 1224 EAST MADISON ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV SCOTT, ROBERT J 1224 EAST MADISON ST. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEGUE, MICHELLE M 1224 EAST MADISON ST. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/01/06-80018-022 158.75

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:  Jan 16, 2006 813-229-111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day & Month