

**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



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



**\$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

Signature typed or printed name of registered agent and title if applicable

(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.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SCOTT, MARK J  
STREET ADDRESS 1224 EAST MADISON ST  
CITY-ST-ZIP TAMPA, FL 33602

TITLE CVS  
NAME SCOTT, BRUCE E  
STREET ADDRESS 1224 EAST MADISON ST  
CITY-ST-ZIP TAMPA, FL 33602

TITLE TV  
NAME SCOTT, ROBERT J  
STREET ADDRESS 1224 EAST MADISON ST.  
CITY-ST-ZIP TAMPA, FL 33602

TITLE V  
NAME BEGUE, MICHELLE M  
STREET ADDRESS 1224 EAST MADISON ST.  
CITY-ST-ZIP TAMPA, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000388601  
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Jan 16, 2006 813-229-1111