

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90082 033 ***158.75

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**

2. Principal Place of Business - No P.O. Box #

1614 S. 50th St.

Suite, Apt. #, etc.

3. Mailing Address

1614 S. 50th St.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa, FL

4. FEI Number

59-2151303

Applied For

Not Applicable

Zip
33619

Country
US

Zip
33619

Country
US

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCOTT, MARK J
1224 EAST MADISON ST.
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

Scott, Mark J.

Street Address (P.O. Box Number is Not Acceptable)

1614 S. 50th St.

City **Tampa**

FL

Zip Code

33619

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME SCOTT, Mark J. ☐ Change ☐ Addition
STREET ADDRESS 1614 S. 50th St
CITY-ST-ZIP Tampa, FL 33619

TITLE CV
NAME Scott, Bruce E. ☐ Change ☐ Addition
STREET ADDRESS 1614 S. 50th St
CITY-ST-ZIP Tampa, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS
NAME Begue, Michelle M. ☐ Change ☐ Addition
STREET ADDRESS 1614 S. 50th St
CITY-ST-ZIP Tampa FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

B. E. Scott VP- 1-10-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DeVine Phone #