


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000005949
 1. Entity Name
 SCOTT ELECTROKRAFTS, INC.



Principal Place of Business ... Mailing Address
 84 ROUTE 6 84 ROUTE 6
 P.O. BOX 358 P.O. BOX 358
 ANDOVER, CT 06232 ANDOVER, CT 06232

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 06-0883835 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BERGERON, ERNEST
 15835 CORPORATE ROAD NORTH
 JUPITER, FL 33478

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

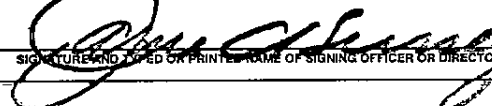
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC BUSSEY, JAMES W 84 ROUTE 6 ANDOVER, CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BUSSEY, CAROL A 84 ROUTE 6 ANDOVER, CT
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 01/11/05-80029-023 158.75

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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:  James Bussey 1-4-05 860-647-1453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #