


Feb 12,
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**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G36087		
1. Entity Name SCOTT CARTER SIGNS, INC.		
Principal Place of Business 6350 SLATER MILL WAY N FT MYERS, FL 33917 US		Mailing Address P.O. BOX 3648 N FT MYERS, FL 33918 US
DO NOT WRITE IN THIS SPACE		
		02092005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-2289640		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		
CARTER, SCOTT 21600 NALLE RD P.O. BOX 3648 N FT MYERS, FL 33918		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000226432 02/12/05-80015-025 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARTER, SCOTT 21600 NALLE RD N FT MYERS, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CARTER, KONDA 21600 NALLE RD N FT MYERS, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2-9-05 Daytime Phone # 239-543-4004