


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G48847</b> 1. Entity Name THE SCARLIN CORPORATION	
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Principal Place of Business P. O. BOX 1407 THONOTOSASSA, FL 33592	Mailing Address P. O. BOX 1407 THONOTOSASSA, FL 33592
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**DO NOT WRITE IN THIS SPACE**

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SCARPO, ARTHUR  
1707 KNIGHT GRIFFIN RD.  
PLANT CITY, FL 33565

**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 \_\_\_\_\_ 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. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCARPO, ARTHUR 8707 W. KNIGHTS GRIFFEN PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARPO, MADELYN 8707 W. KNIGHTS GRIFFEN PLANT CITY, FL
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01/10/05-80034-011 150.00

**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)(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:** *Madelyn Scarpo* *1/7/05 813-986 5440*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #