

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 30, 2004 08:00 AM**

**Secretary of State**

**DOCUMENT # G65876**

1. Entity Name

R.A. SCOTT CONSTRUCTION COMPANY



Principal Place of Business

2509 BELLEVUE AVENUE EXT  
DAYTONA BEACH, FL 32114

Mailing Address

PO BOX 9667  
DAYTONA BEACH, FL 32120-9667

**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2342071

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, MARK A  
6155 SHORELINE DRIVE  
PORT ORANGE, FL 32127

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



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

000000023065  
02/10/04-80011-004 158.75

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
SCOTT, RONALD A.  
6200 SHORELINE DRIVE  
PORT ORANGE, FL 32127

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
SCOTT, BRIAN W.  
48 CORMORANT CIRCLE  
DAYTONA BEACH, FL 32119

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
SCOTT, MARK A.  
6155 SHORELINE DRIVE  
DAYTONA BEACH, FL 32127

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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)(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:

*Mark A. Scott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04  
Date

386-238-1234  
Daytime Phone #