

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 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



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2342071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	SCOTT, RONALD A.
STREET ADDRESS	6200 SHORELINE DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	VP
NAME	SCOTT, BRIAN W.
STREET ADDRESS	48 CORMORANT CIRCLE
CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	P
NAME	SCOTT, MARK A.
STREET ADDRESS	6155 SHORELINE DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000491242
04/19/06-80015-008 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06

Date

Daytime Phone #