

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 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**



03192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000880063  
04/15/08-80046-005 158.75

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	

**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:**

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

**Mark A. Scott**

**3/20/08**

**(386) 238-1234**

Date

Daytime Phone #