

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90046 026 ***150.00

DOCUMENT # H36838

1. Entity Name
SCOTT GROVES, INC.



Principal Place of Business
**P O BOX 2457
FT. PIERCE, FL 34954-9457**

Mailing Address
**P O BOX 2457
FT. PIERCE, FL 34954-9457**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

please correct

4. FEI Number **59-2482169** *59-2484169*
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCOTT, KENNETH T.
650 N. ROCK ROAD
FT. PIERCE, FL 34945**

**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	STD
NAME	SCOTT, WAYNE A
STREET ADDRESS	650 N. ROCK ROAD
CITY - ST - ZIP	FT. PIERCE, FL
TITLE	VD
NAME	SCOTT, MARY F.
STREET ADDRESS	650 N. ROCK ROAD
CITY - ST - ZIP	FT. PIERCE, FL 34945
TITLE	PD
NAME	SCOTT, KENNETH T.
STREET ADDRESS	650 N. ROCK ROAD
CITY - ST - ZIP	FT. PIERCE, FL 34945
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:

Kenneth T. Scott
KENNETH T. SCOTT

1/18/06
Date

772-461-7425
Daytime Phone #