

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90002 014 ***558.75

DOCUMENT # H49689

1. Entity Name

SCOTT MILL LANE SCHOOLS, INC.



Principal Place of Business

2911 SCOTT MILL LANE
JACKSONVILLE FL 32223
DU

Mailing Address

2911 SCOTT MILL LANE
JACKSONVILLE FL 32223
DU

2. Principal Place of Business

2911 Scott Mill Lane

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Florida

Zip

32223

Country

DU

Zip

Country

4. FEI Number

59-2506301

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWERS, JOHN P
2911 SCOTT MILL LANE
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Daisy Bowers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/16/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOWERS, DAISY	
STREET ADDRESS	2911 SCOTT MILL LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOWERS, JOHN P	
STREET ADDRESS	2911 SCOTT MILL LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOWERS, DIANA K	
STREET ADDRESS	2811 SCOTT MILL PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOWERS, JOHN PHILLIP	
STREET ADDRESS	2811 SCOTT MILL PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Daisy Bowers Daisy Bowers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/15/04

Daytime Phone #