

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H96658

FILED
Apr 07, 2004
Secretary of State

Entity Name: SCOTT A. CARSTENS, INC.

Current Principal Place of Business:

% SCOTT A. CARSTENS
P O BOX 1222
GULF BREEZE, FL 32562

New Principal Place of Business:

Current Mailing Address:

% SCOTT A. CARSTENS
P O BOX 1222
GULF BREEZE, FL 32562

New Mailing Address:

FEI Number: 59-2618504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARSTENS, SCOTT A.
203 VIA DELUNA
PENSACOLA, FL 32561 US

Name and Address of New Registered Agent:

CARSTENS, SCOTT A.
P.O. BOX 1222
GULF BREEZE, FL 32562 US

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.

SIGNATURE: SCOTT A CARSTENS

04/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARSTENS, SCOTT A.,
Address: 190 STEARNS ST
City-St-Zip: GULF BREEZE, FL

Title: V () Delete
Name: MASSEY, TIMOTHY
Address: 1153 WATER OAKS TRAIL
City-St-Zip: CANTONMENT, FL 32533

Title: S () Delete
Name: DREES, JAYNE G
Address: P.O. BOX 1222
City-St-Zip: GULF BREEZE, FL 32562

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARSTENS, SCOTT A.,
Address: P.O. BOX 1222
City-St-Zip: GULF BREEZE, FL 32562 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT A CARSTENS

P

04/07/2004

Electronic Signature of Signing Officer or Director

Date