

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H97505

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: STOTT ENTERPRISES INCORPORATED

**Current Principal Place of Business:**

2555 ESTERO BLVD  
FT MYERS BEACH, FL 33931

**New Principal Place of Business:**

**Current Mailing Address:**

14035 AVE  
ORLANDO, FL 32826

**New Mailing Address:**

FEI Number: 59-2650984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

STOTT, PAUL M  
14035 AMES AVENUE  
ORLANDO, FL 32826 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STOTT, PAUL M  
Address: 14035 AMES AVENUE  
City-St-Zip: ORLANDO, FL 32826

Title: DV ( ) Delete  
Name: STOTT, MARYBETH  
Address: 252 CROWN OAKS WAY  
City-St-Zip: LONGWOOD, FL 32779

Title: T ( ) Delete  
Name: STOTT, KAREN  
Address: 14035 AMOS AVE  
City-St-Zip: ORLANDO, FL 32826

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: STOTT, PAUL M  
Address: 14035 AMES AVENUE  
City-St-Zip: ORLANDO, FL 32826

Title: VP (X) Change ( ) Addition  
Name: STOTT, MARYBETH  
Address: 252 CROWN OAKS WAY  
City-St-Zip: LONGWOOD, FL 32779

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 Chapter 119, 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: KAREN K STOTT

T

04/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date