


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90054 005 ***150.00

DOCUMENT # J18758 1. Entity Name SCAN HAUS OF TALLAHASSEE, INC.			
Principal Place of Business 1961 RAYMOND DIEHL RD TALLAHASSEE, FL 32308		Mailing Address 1961 RAYMOND DIEHL RD TALLAHASSEE, FL 32308	
2. Principal Place of Business 3213 Apalachee Pkwy Suite, Apt. #, etc.		3. Mailing Address 3213 Apalachee Pkwy Suite, Apt. #, etc.	
City & State Tallahassee, FL Zip 32311		City & State Tallahassee, FL Zip 32311	
Country Leon		Country Leon	
4. FEI Number 59-2643595		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent VAN OSTRAND, GARY L. 452 SHANTILLY CT TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3213 Apalachee Pkwy City Tallahassee FL Zip Code 32311	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VAN OSTRAND, GARY L. 452 SHANTILLY CT TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VAN OSTRAND, CHERYL B. 452 SHANTILLY CT TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VAN OSTRAND, CHERYL B. 452 SHANTILLY CT TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VAN OSTRAND, CHERYL B. 452 SHANTILLY CT TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VAN OSTRAND, CHERYL B. 452 SHANTILLY CT TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 2/2/05 Daytime Phone #: 880-385-1065	