## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J42045

Entity Name: AMSCOT FINANCIAL, INC.

FILED Mar 29, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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600 N. WESTSHORE BLVD 12TH FLOOR TAMPA, FL 33609

**Current Mailing Address: New Mailing Address:** 

P O BOX 25137 600 N. WESTSHORE BLVD SUITE 1200 TAMPA, FL 33622 US TAMPA, FL 33609 US

FEI Number: 59-2742276 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MACKECHNIE, IAN 600 N. WESTSHORE BLVD. 12TH FLOOR TAMPA, FL 33609 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition MACKECHNIE, IAN DP MACKECHNIE, IAN Name: Name: 600 N. WESTSHORE BLVD. 600 N. WESTSHORE BLVD. Address: Address:

City-St-Zip: TAMPA, FL 33609 US City-St-Zip: TAMPA, FL 33609 US

Title: Title: DSVP (X) Change ( ) Addition () Delete MACKECHNIE, IAN A SV Name: Name: MACKECHNIE, IAN A 600 N. WESTSHORE BLVD. 600 N. WESTSHORE BLVD. Address: Address: TAMPA, FL 33609 US TAMPA, FL 33609 US City-St-Zip: City-St-Zip:

Title: ( ) Change (X) Addition Title: () Delete DEVP

Name: MACKECHNIE, FRASER J Name: 600 N. WESTSHORE BLVD Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33609

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: IAN MACKECHNIE D 03/29/2007