

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J42045

Entity Name: AMSCOT FINANCIAL, INC.

**FILED**  
**Jul 24, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

600 N. WESTSHORE BLVD  
12TH FLOOR  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 N. WESTSHORE BLVD  
SUITE 1200  
TAMPA, FL 33609 US

**New Mailing Address:**

FEI Number: 59-2742276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MACKECHNIE, IAN  
Address: 600 N. WESTSHORE BLVD.  
City-St-Zip: TAMPA, FL 33609 US

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

Title: DEVP (X) Delete  
Name: MACKECHNIE, FRASER J  
Address: 600 N. WESTSHORE BLVD  
City-St-Zip: TAMPA, FL 33609

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

P

07/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date