

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90036 030 ***150.00

DOCUMENT # J53314

1. Entity Name

JOE SCOTTEN, INC.



Principal Place of Business

% JOE SCOTTEN
16106 73 TERRACE NORTH
PALM BCH. GARDENS FL 33418-4474

Mailing Address

% JOE SCOTTEN
16106 73 TERRACE NORTH
PALM BCH. GARDENS FL 33418-4474

2. Principal Place of Business - No P.O. Box #

10452 SANDY RUN RD

Suite, Apt. #, etc.

3. Mailing Address

10452 SANDY RUN RD

Suite, Apt. #, etc.

City & State

JUPITER FL

City & State

JUPITER FL

Zip
33478

Country

PALM BEACH

Zip
33478

Country

PALM BEACH

4. FEI Number

59-2768912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTTEN, JOE
16106 73 TERRACE NORTH
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

JOE SCOTTEN

Street Address (P.O. Box Number is Not Acceptable)

10452 SANDY RUN RD

City

JUPITER

FL

Zip Code

33478

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

Signature of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVD	<input type="checkbox"/> Delete
NAME	SCOTTEN, JOE	
STREET ADDRESS	16106 73RD TERR. N. 10452 SANDY RUN RD	
CITY ST ZIP	PALM BEACH GARDENS, FL JUPITER FL 33478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #