

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # J54218					
1. Entity Name MCCULLAGH AND SCOTT, INC.					
Principal Place of Business 316 EAST BLOOMINGDALE AVENUE BRANDON FL 33511 US			Mailing Address 316 EAST BLOOMINGDALE AVENUE BRANDON FL 33511 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2766238	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIAZ, MANUEL A JR. 611 PINEDALE COURT BRANDON FL 33511				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State FL Zip Code	
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, typed 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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	MCCULLAGH, JAMES		NAME		
STREET ADDRESS	11305 LEPRECHAUN		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL		CITY-ST-ZIP	U00000435192 02/25/06-80032-014 150.00	
TITLE	VDS	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	SCOTT, DAVID		NAME		
STREET ADDRESS	942 SYMPHONY ISLES BLVE		STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH FL 33572		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 full power to file empowered.

SIGNATURE: _____

February 10, 2006

(813) 611-7777, Ext 20