2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2005 08:00 AM Secretary of State

DOCUMENT # K04199 1. Entity Name SCOTT LAKE ENTERPRISES, INC. Principal Place of Business 1019 PIPKIN RD 1019 PIPKIN RD. LAKELAND, FL 33811		Mailing Address P.O. BOX 5408 LAKELAND, FL 33807 US		Secretary of State	
[OO NOT WRITE		The second secon	01042005 4. FEI Numb 59-286	per Applied For
8. The above	(IN RD. ID, FL 33811 e named entity submits this statement for the	ne purpose of changing its registere	d office or registers	IN .	NOT WRITE THIS SPACE oth, 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. Registe FILE NOW!!! FEE IS \$150.00 9. Election Campaign Fine				when reinstating)	U00000224087 02/10/05-80058-021 150.00
After May 1, 2005 Fee will be \$550.00					02/10/02-80068-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF D CURRY, DAVID L. 1019 PIPKIN RD. LAKELAND, FL	RECTORS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS				DO	NOT WRITE THIS SPACE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby co	certify that the information supplied with this	filling does not qualify for the exem	otion stated in Section	tion 119.07/3\(\frac{1}{2}\)). Florida Statutes. I further certify that the information
indicated of the corp changed,	on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	e and accurate and that my signatu: red to execute this report as require all other like empowered.	re shall have the sa d by Chapter 607,	me legal effec Florida Statute	 Florida Statutes. I further certify that the information t as if made under oath; that I am an officer or director s; and that my name appears in Block 10 or Block 11 if