2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # L43318 1. Entity Name SCOPINICH PRO-LINE, INC. Principal Place of Business Mailing Address 3686 SE DIXIE HWY 3686 SE DIXIE HWY STUART, FL 34997 STUART, FL 34997 US

FILED Jan 22, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent					No Chg-P er 17193 of Status Desired	CR2E034 (11/05)		
MALCOLM, NANCY LEE 611 S. FEDRAL HWY STE L STUART, FL 34994				DO NOT WRITE IN THIS SPACE				
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, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees				
STREET ADDRESS 3686 CITY-ST-ZIP STU	OFFICERS AND DIRECTS SPINICH, PAUL SE DIXIE HWY ART, FL 34997	CTORS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					0000007 01/23/08-8	"91161 80063-012 150.	.00 .	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT W THIS SF			
NAME STREET ADDRESS								

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the state of the corporation of the receiver or trustee empowered to execute the state of the corporation of the receiver or trustee empowered to execute the state of the corporation of the receiver or trustee empowered to execute the state of the corporation of the receiver or trustee empowered to execute the state of the corporation of the receiver or trustee empowered to execute the state of the corporation of the receiver or trustee empowered to execute the state of the corporation of the receiver or trustee empowered to execute the state of the corporation of the receiver or trustee empowered to execute the state of the corporation of the receiver or trustee empowered to execute the state of the corporation of the receiver or trustee empowered to execute the state of the corporation of the receiver of the corporation of the receiver or trustee empowered to execute the state of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporati

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR