



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # M21099 1. Entity Name T.M. SCOTT, INC.			
Principal Place of Business 44 COMMERCIAL BLVD. LAKE PLACID, FL 33852		Mailing Address PO BOX 965 LAKE PLACID, FL 33862-0963	
DO NOT WRITE IN THIS SPACE			
		03112006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2744426	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WIRTH, C. THOMAS 202 THISELDO LANE SEBRING, FL 33872		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 <u>C. Thomas Wirth</u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u>03-13-06</u> (NOTE: Registered Agent signature required when terminating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000468206 03/24/06-80021-015 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WIRTH, C. THOMAS 202 THISELDO LANE SEBRING, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WIRTH, JOY E. 202 THISELDO LANE SEBRING, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 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 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: <u>C. Thomas Wirth</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>03-13-06</u> Daytime Phone # <u>863-465-7737</u>	