


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90052 019 \*\*\*\*61.25

**DOCUMENT # N42353**

1. Entity Name  
 SCOUT HUT, INC.



Principal Place of Business  
 C/O COLLEEN ARNOLD  
 7256 W LONGFELLOW  
 HOMOSASSA, FL 34448 US

Mailing Address  
 C/O COLLEEN ARNOLD  
 7256 W LONGFELLOW  
 HOMOSASSA, FL 34448 US

2. Principal Place of Business  
 C/O Craig O'Dell  
 Suite, Apt. #, etc.  
 12 Shumard Ct N  
 City & State  
 HOMOSASSA  
 Zip  
 FL Country  
 U.S

3. Mailing Address  
 C/O Craig O'Dell  
 Suite, Apt. #, etc.  
 12 Shumard Ct N  
 City & State  
 HOMOSASSA  
 Zip  
 FL Country  
 U.S



03072005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-3059279

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 O'DELL, PHILLIP CRAIG  
 12 SHUMARD CT. N  
 HOMOSASSA, FL 34446

7. Name and Address of New Registered Agent

Name

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

City

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 Craig O'Dell, President Craig O'Dell DATE 3/7/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25  
 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DELL, CRAIG 2301 S SUNCOAST BLVD HOMOSASSA, FL 34446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNSELL, CINDY 1085 WEST WIND BREEZE COURT LECANTO, FL 34461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEEPER, PAUL 2918 W ESCRAM CIR LANE LECANTO, FL 33429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIMER, KENNETH R 4570 S. LEISURE BLVD. LECANTO, FL 34461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Craig O'Dell / Craig O'Dell DATE 3/7/05 DAYTIME PHONE # 352/795-1811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR