


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N42353</b> 1. Entity Name <b>SCOUT HUT, INC.</b>	
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Principal Place of Business <b>C/O CRAIG O'DELL 12 SHUMARD CT N HOMOSASSA, FL 34448 US</b>	Mailing Address <b>C/O CRAIG O'DELL 12 SHUMARD CT N HOMOSASSA, FL 34448 US</b>
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01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3059279</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>O'DELL, PHILLIP CRAIG 12 SHUMARD CT. N HOMOSASSA, FL 34446</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P O'DELL, CRAIG 2301 S SUNCOAST BLVD HOMOSASSA, FL 34446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MUNSELL, CINDY 1085 WEST WIND BREEZE COURT LECANTO, FL 34461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LEEPER, PAUL 2918 W ESCRAM CIR LANE LECANTO, FL 33429</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLIMER, KENNETH R 4570 S. LEISURE BLVD. LECANTO, FL 34461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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01/14/08-80003-018 61.25

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 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:** Phillip Craig O'Dell **1/4/08** **352-795-1811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #