

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45976

FILED
Apr 20, 2009
Secretary of State

Entity Name: SCOTT CARRIGAN, INC.

Current Principal Place of Business:

1500 SE 17TH STREET
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6688
OCALA, FL 344786688 US

New Mailing Address:

FEI Number: 59-3070619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCMULLEN, STEVEN T
2347 SE 17TH STREET
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAZZURCO, MICHAEL
Address: 5680 SE 23RD LANE
City-St-Zip: OCALA, FL 34471

Title: PD () Delete
Name: MCMULLEN, STEVEN T
Address: 2347 SE 17TH STREET
City-St-Zip: OCALA, FL 34471

Title: SD () Delete
Name: THORNAL, CANDACE
Address: 525 LAKE DRIVE
City-St-Zip: OCALA, FL 34472

Title: VP () Delete
Name: HUGHES, DALE
Address: 1623 SE 29TH TERRACE
City-St-Zip: OCALA, FL 34471 US

Title: TD (X) Delete
Name: MESSINGER, JIM
Address: 6198 SE 37TH TERRACE
City-St-Zip: OCALA, FL 34480

Title: D (X) Delete
Name: LAGANO, JOSEPH P
Address: 5008 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JIMENEZ, ROBERT
Address: 5608 SE 44TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: VP (X) Change () Addition
Name: MCMULLEN, STEVEN T
Address: 2347 SE 17TH STREET
City-St-Zip: OCALA, FL 34471

Title: S (X) Change () Addition
Name: DRUMMOND, CAMERON
Address: 5050 SW 2ND AVENUE
City-St-Zip: OCALA, FL 34471

Title: T (X) Change () Addition
Name: MESSINGER, JIM
Address: 6198 SE 37TH TERRACE
City-St-Zip: OCALA, FL 34480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMERON DRUMMOND

S

04/20/2009

Electronic Signature of Signing Officer or Director

Date