

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48830

FILED
Jan 09, 2006
Secretary of State

Entity Name: SCENIC FLORIDA, INC.

Current Principal Place of Business:

314 NORTH GADSDEN STREET
SUITE 1
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

314 NORTH GADSDEN STREET
SUITE 1
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-1837782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAND, CHARLOTTE P
314 NORTH GADSDEN STREET
STE 1
TALLAHASSEE, FL 32301 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: M () Delete
Name: BRAND, CHARLOTTE P
Address: 314 NORTH GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: PD () Delete
Name: LABORDE, M A
Address: 4706 CAPITAL CIRCLE, SW
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: TD () Delete
Name: KITTO, KEVIN
Address: POST OFFICE BOX 99
City-St-Zip: LAKE HAMILTON, FL 33851 US

Title: VD () Delete
Name: PACE, JOHN
Address: POST OFFICE BOX 1082
City-St-Zip: TAVARES, FL 32778 US

Title: SD () Delete
Name: MARTINEZ, ART
Address: 2640 NW 17TH LANE
City-St-Zip: POMPANO BEACH, FL 33064 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VD (X) Change () Addition
Name: OERTEL, KATHY
Address: P.O. BOX 6502
City-St-Zip: LAKELAND, FL 33807 US

Title: SD (X) Change () Addition
Name: LITTLE, JOE
Address: 6904 CYPRESS PARK DRIVE
City-St-Zip: TAMPA, FL 33634 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLOTTE BRAND

M

01/09/2006

Electronic Signature of Signing Officer or Director

Date