


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000001727	
1. Entity Name SALUTE TO SCOUTING CORP.	

Principal Place of Business 11617 INNFIELDS DRIVE ODESSA, FL 33556	Mailing Address 11617 INNFIELDS DRIVE ODESSA, FL 33556
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01132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3433923	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

**BLANTON, MARK E
11617 INNFIELDS DRIVE
ODESSA, FL 33556**

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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 _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000155046 05/05/04-80019-019 61.25
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME BLANTON, HENRY H
STREET ADDRESS 11617 INNFIELDS DRIVE	
CITY-ST-ZIP ODESSA, FL	
TITLE D	NAME DURHAM, MARCELLAS
STREET ADDRESS 2402 TRESPOTT DR	
CITY-ST-ZIP TALLAHASSEE, FL 32312	
TITLE D	NAME HOGAN, ERNEST
STREET ADDRESS 1099 MCMULLEN BOOTH-APT 635	
CITY-ST-ZIP CLEARWATER, FL	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **4-30-04**

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