


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000001137 1. Entity Name SCOTT-PALMER COMPANY, INC.					
Principal Place of Business 3883 ROGERS BRIDGE ROAD SUITE 703 DULUTH, GA 30097			Mailing Address 3883 ROGERS BRIDGE ROAD SUITE 703 DULUTH, GA 30097		
2. Principal Place of Business 3935 LAKEFIELD COURT		3. Mailing Address 3935 LAKEFIELD COURT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SUWANEE, GA		City & State SUWANEE, GA		4. FEI Number 65-0969144	
Zip 30024		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 30024		Country USA		6. Name and Address of Current Registered Agent JOLLY, H. PETE 250WSEAVIEW CIRCLE DUCK KEY, FL 33050	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOLLY, WARREN 3883 ROGERS BRIDGE ROAD DULUTH, GA 30097 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOLLY, WARREN 3935 LAKEFIELD COURT SUWANEE, GA 30024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOLLY, H.P. JR 3883 ROGERS BRIDGE ROAD DULUTH, GA 30097 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOLLY, H.P. JR. 3935 LAKEFIELD COURT SUWANEE, GA 30024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 607, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					

FILED
 05 JUL 12 AM 10:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



07062005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0969144** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____