## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P0000001777



**FILED** Mar 29, 2004 8:00 am **Secretary of State** 

03-29-2004 90056 037 \*\*\*150 00

Malling Accrees BROCKSVILLE, FL 34601 Suite, April 4, etc.  Suite, April 4, etc.  City & State C	SCARBOROUGH LAND ROLLER AND MACHINE COMPANY, INC.							03 29 200	1,000.0	. 05 /	. 20.00	
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Zip Country	Suite, Apt. #, etc.			Suite, Apt. #, etc.			03242004	Chg-P	CR2EC	34 (10/03)		
S. Name and Address of Current Registroid Agent  MASON, JOSEPH M.J.R. 101 SOUTH MAIN STREET BROOKSVILLE, FL. 34601  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I can farmiliar with, and accept the chilegions of registered agent.  SIGNATURE  Signaura, special or protect name of implement agent and the I sobbodie.  OPFICERS AND DIRECTORS  10. OPFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  DAVIS, CLARKE D  SIBERT ADDRESS  DAVIS, VICKI L  SIBERT ADDRESS  DAVIS, VICKI L  SIBERT ADDRESS  SIBERT	City & State			City & State							·	
NASON, JOSEPH M JR 101 SOUTH MAIN STREET BROOKSVILLE, FL 34601  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or protect name of registered agent and 98 if associate.   (InClE Registered Agent separate registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.   Oh17	Zip		-						Fee Require			
NASCON, JOSEPH MJR 101 SOUTH MAIN STREET BROOKSVILLE, FL 34601  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Trust Fund Contribution   Molter May 1, 2004 Fee will be \$550.00	6. Name and Address of Current Registered Agent						<del></del>					
BROKSVILE, FL 34601    City   FL   Zip Code												
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed raper and title // suprison of agent ag												
SIGNATURE    Signature, typed or printed name of registered agent and sile if applicables. (NOTE: Registered Agent sequence required when renestating)   Part   Par						City			FL	Zip Code	e	
### Part				for the purpose of changing its	s register	ed office or regi	istered agent, or bo	oth, in the State of Flo	rida. Tam	familiar with,	and accept	
After May 1, 2004 Fee will be \$55.0.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1    TITLE   D	SIGNATURE											
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I hereby certify that the information supplied with this filling does not quality 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #