

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000028026 1. Entity Name BRESCOTT CORPORATION	
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Principal Place of Business 11660 SPOONBILL LANE FORT MYERS, FL 33913	Staling Address 11660 SPOONBILL LANE FORT MYERS, FL 33913
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-IT CR2E034 (11/05)

4. FBI Number 69-0998078	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**GOOD, RONALD L
11660 SPOONBILL LANE
FORT MYERS, FL 33913**

DO NOT WRITE IN THIS SPACE

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 obligation of registered agent.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and dated applicable) (NOTE: Registered agent address must be a commercial address)

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	0 GOOD, RONALD L 11660 SPOONBILL LANE FORT MYERS, FL 33913
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05/09/07-80100-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained 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 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 and 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 affidavit, of all other the empowered.

SIGNATURE: *Ronald L. Good* **RONALD L. GOOD** 4/24/07 239 466-7577
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR Date Certificate #