

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000038152

1. Entity Name

SCOTT PALMER HOLDINGS, INC.



FILED
Mar 01, 2004 08:00 AM
Secretary of State

Principal Place of Business
3883 ROGERS BRIDGE RD
SUITE 703
DULUTH GA 30097

Mailing Address
3883 ROGERS BRIDGE RD
SUITE 703
DULUTH GA 30097

2. Principal Place of Business
Suite, Apt #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0991759
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JOLLY, H.P. JR
250 W. SEAVIEW CIR.
DUCK KEY FL 33050

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

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	JOLLY, H.P. JR	
STREET ADDRESS	3883 ROGERS BRIDGE RD	
CITY-ST-ZIP	DULUTH GA 30097	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOLLY, WARREN S	
STREET ADDRESS	3883 ROGERS BRIDGE RD	
CITY-ST-ZIP	DULUTH GA 30097	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000072170
03/01/04-80099-024 150.00

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #