2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/5/2

FILED
Jun 07, 2004 8:00 am
Secretary of State
05-05-2004 90228 015 ***150.00

DOCUMENT # P00000050454

1. Entity Name
SCOTT BILL, INC.

66427024

04292004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
655 S ORANGE AVE SARASOTA, FL 34238	655 S ORANGE AVE SARASOTA, FL 34238

2. Principal Place of Business	3. Mailing Address
665 S. ORANGE AVE.	665 S. ORANGE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL.	City & State: SARASOTA FL
Zip: 34236 Country:	Zip: 34236 Country:

4. FEI Number: 65-1010383 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: JOHN SHEA JUDD, SHEA, ULRICH, P.A.
Street Address (P.O. Box Number is Not Acceptable): 2940 S. TAMIAMI TRAIL
City: SARASOTA FL Zip Code: 34239

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: JOHN SHEA 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD BILL, EDGAR SCOTT 4911 FLAGSTONE DRIVE SARASOTA, FL 34238	☐ Delete	BILL, EDGAR SCOTT 3953 RED ROCK WAY SARASOTA, FL. 34231	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BILL, DEBORAH A 4911 FLAGSTONE DRIVE SARASOTA, FL 34238	☐ Delete	BILL, DEBORAH A. 3953 RED ROCK WAY SARASOTA, FL. 34231	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] 4/29/04 941 954-5549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #