

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000050454**

1. Entity Name  
**SCOTT BILL, INC.**



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

Mailing Address  
**655 S ORANGE AVE  
SARASOTA, FL 34238**



04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**SHEA, JOHN  
HUDD, SHEA, ULRICH, P.A.  
2940 S. TAMIAMI TRAIL  
SARASOTA, FL 34239**

**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 obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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  
After May 1, 2005 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-ST-ZIP	PTD BILL, EDGAR SCOTT 3952 RED ROCK WAY SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BILL, DEBORAH A 3953 RED ROCK WAY SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000342697  
04/29/05-80065-025 150.00

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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)(f), 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: Edgar Scott Bill **EDGAR SCOTT BILL** 4/27/05 941 650-8449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #