

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90067 019 ***150.00

DOCUMENT # P00000061635 1. Entity Name COVERED BY SCOTT, INC.					
Principal Place of Business 185 BARTRAM PARKE DR JACKSONVILLE, FL 32259 US			Mailing Address 2325 SUMMIT BLVD PENSACOLA, FL 32504 US		
2. Principal Place of Business		3. Mailing Address 185 Bartram Parke Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112004 Chg-P CR2E034 (10/03)	
City & State		City & State JACKSONVILLE FL		4. FEI Number 59-3657152	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32259		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent DUNN, SCOTT A 2325 SUMMIT BLVD PENSACOLA, FL 32504			7. Name and Address of New Registered Agent Name <u>SCOTT A. Dunn</u> Street Address (P.O. Box Number is Not Acceptable) <u>185 Bartram Parke Dr.</u> City <u>JACKSONVILLE</u> <u>FL</u> Zip Code <u>32259</u>		
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: <u>SCOTT A. Dunn</u> <u>3/31/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D DUNN, SCOTT A 185 BARTRAM PARKE DR JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, JONI M 185 BARTRAM PARKE DR JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: <u>SCOTT A. Dunn</u> <u>3/31/04</u> <u>563-4478</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					