


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2006 8:00 am**  
**Secretary of State**

08-24-2006 90064 041 \*\*\*150.00

DOCUMENT # P00000112369		
1. Entity Name SCOTT'S FARMS OF SCOTTS MOOR, INC.		

Principal Place of Business 3795 VACATION VILLAS LANE TITUSVILLE, FL 32780	Mailing Address 3795 VACATION VILLAS LANE TITUSVILLE, FL 32780
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40101854



08172006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3683216	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent SCOTT, SHAYN 3795 VACATION VILLAS LANE TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent Name: <u>JO SCOTT</u> Street Address (P.O. Box Number is Not Acceptable): <u>3795 VACATION VILLAS LANE</u> <u>TITUSVILLE</u> <u>FL</u> Zip Code: <u>32780</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: [Signature]  
Signature typed or printed name of registered agent and business applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 8/21/06

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

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	PVST SCOTT, WILLIAM J P.O. BOX 631 SCOTTS MOOR, FL 32775 <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	<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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 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: 8/21/06 DAYTIME PHONE: 321-268-2413

ATTACHMENT

40101854

#00000112369

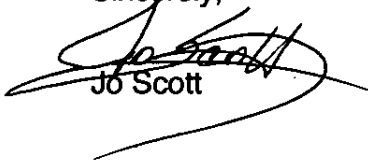
August 21, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

To whom it may concern;

This is a request for the Division of Corporations to wave the late fee because we did not receive the annual report.

Sincerely,



Jo Scott