

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020813

FILED  
Apr 20, 2005  
Secretary of State

**Entity Name:** SCOTT PRICE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

325 EAST OCEAN BLVD  
STUART, FL 34995

**New Principal Place of Business:**

**Current Mailing Address:**

325 EAST OCEAN BLVD  
STUART, FL 34995

**New Mailing Address:**

**FEI Number:** 65-1083045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRICE, SCOTT  
325 EAST OCEAN BLVD  
STUART, FL 34995 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** PRICE, SCOTT  
**Address:** 325 EAST OCEAN BLVD  
**City-St-Zip:** STUART, FL 34995

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SCOTT PRICE

D

04/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date