

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2004 8:00 am
Secretary of State

05-10-2004 90472 043 ***150.00

DOCUMENT # P02000055596

1. Entity Name

SHANE SCOTT ENTERPRISES, INC.



Principal Place of Business

10226-119ST N
LARGO FL 33778

Mailing Address

10226-119ST N
LARGO FL 33778

66428278



MOORE

CR2E034 (4/04)

2. Principal Place of Business

11646 116 ST.

3. Mailing Address

11646 116 ST.

Suite, Apt. #, etc.

LARGO, FL. 33778

Suite, Apt. #, etc.

City & State

LARGO, FL.

City & State

LARGO, FL.

Zip

33778

Country

Zip

33778

Country

4. FEI Number

59-2485650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, WILLIAM S
10226 119 ST N.
LARGO FL 33778

7. Name and Address of New Registered Agent

Name

SCOTT, WILLIAM S

Street Address (P.O. Box Number is Not Acceptable)

11646 116 ST.

LARGO, FL 33778

City

FL

Zip Code

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

WILLIAM S. SCOTT

William S. Scott

6-10-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$500.00

DUE BY September 8, 2004

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	WILLIAM, SCOTT S	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		10226 119 ST N.	
CITY-ST-ZIP		LARGO FL 33778	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SCOTT, WILLIAM S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11646 116 ST.	
CITY-ST-ZIP	LARGO, FL 33778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

WILLIAM S. SCOTT William S. Scott

6-10-04