2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State
03-03-2004 90022 022 ***158.75

DOCUMENT # P02000070377

1. Entity Name
SCOTTISH FRAMERS, INC.

Principal Place of Business	Mailing Address
539 CYGNET DELAND, FL 32724	539 CYGNET DELAND, FL 32724

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
539 Cygnet Ln Suite, Apt. #, etc.	539 Cygnet Ln Suite, Apt. #, etc.
City & State: Deland Fl. Zip: 32724 Country:	City & State: Deland Fl Zip: 32724 Country:

4. FEI Number: 03-0461576 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACDONALD, DAVID 539 CYGNET DELAND, FL 32724	Name Street Address (P.O. Box Number is Not Acceptable) 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: David M. MacDonald 1-25-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	PO MACDONALD, DAURD M (David) 539 CYGNET LANE DELAND, FL 32724	☐ Delete	TITLE PO NAME STREET ADDRESS CITY-ST-ZIP	Mac Donald, David M. 539 Cygnet Ln Deland Fl 32724	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MACDONALL, DONALD C 421 CARPENTER AVE. ORANGE CITY, FL 32763	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mac Donald, David M Same as above	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, TOM 550 COMPTON CT. DELAND, FL 32720	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mac Donald, David M Same as above	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: David M. MacDonald Owner 1-25-04 386-804-0981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #