


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90004 030 \*\*\*150.00

DOCUMENT # P02000104692							
1. Entity Name SCANLON IMPORTS, INC.							
Principal Place of Business 15551 S. TAMIAMI TRAIL FORT MYERS, FL 33908		Mailing Address 14200 S TAMIAMI TRAIL FT MYERS, FL 33912					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 02-0648255			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HUBBARD, STEVEN W 2320 FIRST STREET STE 1000 FT MYERS, FL 33901			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCANLON, JOHN E. C		NAME	SCANLON			
STREET ADDRESS	14200 S TAMIAMI TRAIL		STREET ADDRESS				
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCANLAN, JOHN E		NAME	SCANLON			
STREET ADDRESS	4805 GRIFFIN BLVD		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCANLAN, JOAN		NAME	SCANLON			
STREET ADDRESS	4805 GRIFFIN BLVD		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLEMENTE, PHILIP		NAME				
STREET ADDRESS	16725 PANTHER PAW COURT		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRUMMERT, DOROTHY		NAME				
STREET ADDRESS	7540 BRIARCLIFFS RD		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: _____			Date: 3-2-2007 Daytime Phone #: 889-433-2277				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

40030395



03022007 Chg-P CR2E034 (12/06)

Applied For Not Applicable

FL Zip Code

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be Added to Fees

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Date

Daytime Phone #