


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P0300000429


1. Entity Name
EBYSCOTT, INC.



Principal Place of Business
**2301 JIM REDMAN PKWY.
 PLANT CITY, FL 33563**

Mailing Address
**2301 JIM REDMAN PKWY.
 PLANT CITY, FL 33563**

DO NOT WRITE IN THIS SPACE



01232005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0662160	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARTMAN, STEPHEN H
 925 SOUTH FLORIDA AVE.
 LAKELAND, FL 33803**

DO NOT WRITE IN THIS SPACE

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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, DEREK 2301 JIM REDMAN PKWY. PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, KIMBERLY 2301 JIM REDMAN PKWY. PLANT CITY, FL 33563
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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: *Derek Scott* **DEREK SCOTT** 1/25/05 863-670-5938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #