

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000010262

1. Entity Name
SCARB INDUSTRIES, INC.



Principal Place of Business
15845 SW WARFIELD BLVD
INDIANTOWN, FL 34956

Mailing Address
1958 SE PT. ST. LUCIE BLVD.
PT. ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

**FILED
Apr 24, 2006 08:00 AM
Secretary of State**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0673724	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

BLAKE, STEPHEN
15555 SW MORGAN ST
INDIANTOWN, FL 34956

**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

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

(INGTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BLAKE, STEPHEN
STREET ADDRESS 15555 SW MORGAN ST
CITY-ST-ZIP INDIANTOWN, FL 34956

TITLE VD
NAME BLAKE, ANNA
STREET ADDRESS 15555 SW MORGAN ST
CITY-ST-ZIP INDIANTOWN, FL 34956

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

00000052421
05/05/06-80069-002 150.00

**DO NOT WRITE
IN THIS SPACE**

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN C. BLAKE 177-597-3896
Date Daytime Phone #