


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000038428		
1. Entity Name SCOTT FERRELL INC.		

Principal Place of Business 43 PURPLE MARTIN COVE CRAWFORDVILLE, FL 32327	Mailing Address 43 PURPLE MARTIN COVE CRAWFORDVILLE, FL 32327
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 1215 Lonnie Baker
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City & State 1215 Lonnie Baker Ln 32327	Country	City & State Crawfordville FL 32327	Country
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6. Name and Address of Current Registered Agent FERRELL, SCOTT 43 PURPLE MARTIN COVE CRAWFORDVILLE, FL 32327		7. Name and Address of New Registered Agent Name Scott Ferrell Street Address (P.O. Box Number is Not Acceptable) 1215 Lonnie Baker Ln City FL Zip Code 32327	
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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 Scott Ferrell (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES FERRELL, SCOTT T 43 PURPLE MARTIN COVE CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres Scott Ferrell 1215 Lonnie Baker Ln Crawfordville FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200129230072 05/14/08--01004--010 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

FILED

2008 MAY -1 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05012008 Chg-P CR2E034 (12/06)