2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000043490

1. Entity Name
SCRUGGS CONTRACTING, INC.

FILED
07 APR 26 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
974 RICHARDSON RD TALLAHASSEE, FL 32301	974 RICHARDSON RD TALLAHASSEE, FL 32301

04232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1119 Rosewood Dr.	1119 Rose Wood Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Talla, FL	City & State: Talla. FL
Zip: 32301 Country: USA	Zip: 32301 Country: USA

4. FEI Number: 68-0579760 ☐ 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
SCRUGGS, CHARLES B 974 RICHARDSON RD TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable): 1119 Rosewood Dr. City: Tallahassee FL Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	P SCRUGGS, CHARLES B 974 RICHARDSON RD TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Charles B. Scruggs 1119 Rosewood Drive Talla, FL 32301 ☒ 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	4/27	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800101349088 05/03/07--01014--005 **150.00 ☐ Change ☐ Addition
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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 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: Charles B Scruggs April 25, 07 850-878-4701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Charles Scruggs