## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## Jul 29, 2004 8:00 am **Secretary of State** DOCUMENT # P03000058397 07-29-2004 90002 048 \*\*\*150.00 SCOOP DE DOO, INC. Principal Place of Business Mailing Address **30 HAMPTON CIRCLE** 30 HAMPTON CIRCLE JUPITER, FL 33458 JUPITER, FL 33458 54065503 2. Principal Place of Business 3. Mailing Address 130 Hampton Cincle Suite, Apt. #, etc. 130 Hampton Cincle Suite, Apt. #, etc. 07022004 Chg-P CR2E034 (10/03) 4. FEI Number City & State Applied For 20-002 8449 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Joseph Conbisier Street Address (P.O. Box Number is Not Acceptable) 130 HAmpton Cincle CORBISIERO, JOSEPH 30 HAMPTON CIRCLE JUPITER, FL 33458 Jupiter 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. Joseph (Sorbesuro de or printet name of registared agent and title if applicable. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE President ☐ Addition Change CORBISIERO, JOSEPH Joseph Conbisieno 130 Hampton Cincle Jupiten FL. 33458 Vice President NAME NAME 30 HAMPTON CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition Dennic SeditA 130 Hampton Circle Jupiten, FL. 33458 NAME SEDITA, DENNIS NAME STREET ADDRESS 30 HAMPTON CIRCLE STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME' NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE-TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-7IP CITY-ST-ZIP 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.

FILED