

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2004 8:00 am**  
**Secretary of State**

09-02-2004 90073 006 \*\*\*550.00

<b>DOCUMENT # P03000075917</b> 1. Entity Name <b>FLORIDA SCENIC REALTY, INC.</b>					
Principal Place of Business <b>132 LAKE RIDGE DRIVE LAKE PLACID, FL 33852</b>			Mailing Address <b>132 LAKE RIDGE DRIVE LAKE PLACID, FL 33852</b>		
2. Principal Place of Business <b>1515 U.S. 27. S.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1515 U.S. 27. S.</b> Suite, Apt. #, etc.			
City & State <b>LAKE PLACID, Florida</b>		City & State <b>LAKE PLACID, Florida</b>		4. FEI Number <b>86-1069892</b>	
Zip <b>33852</b>		Country <b>Highlands</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HILL, JAMES E 132 LAKE RIDGE DRIVE LAKE PLACID, FL 33852</b>			7. Name and Address of New Registered Agent Name <b>James E. Hill</b> Street Address (P.O. Box Number is Not Acceptable) <b>126 LAKE RIDGE DRIVE</b> City <b>LAKE PLACID</b> <b>FL</b> Zip Code <b>33852</b>		
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 <b>James E. Hill</b> DATE <b>8-31-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>HILL, JAMES E</b> STREET ADDRESS <b>132 LAKE RIDGE DRIVE</b> CITY-ST-ZIP <b>LAKE PLACID, FL 33852</b>				TITLE <b>UP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>SERENA T. Hill</b> STREET ADDRESS <b>126 LAKE RIDGE DR.</b> CITY-ST-ZIP <b>LAKE PLACID, FL 33852</b>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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.					
SIGNATURE: <b>James E. Hill</b> <b>James E. Hill</b> <b>8-31-04</b> <b>863-699-1950</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					