## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 20, 2004 8:00 am Secretary of State

		MRUAL N	EPUNI	<u> (AD)</u>			' Secretary	ot Sta	ate		
DOCUMENT # P03000078849  1. Entity Name							04-05-2004 90395 043 ***150.00				
SCOOTE	RS CENTI	ER INC.									
Principal Plac	e of Business		Mailing Addre	58		_					
1200 BELLE AVENUE UNIT #107 1200 BELLE AVENUE UNIT # WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708					IIT #107	Ì					
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2. Principal P	tace of Busin		3. Mailing Add	ress							
As above.			Code And A dia				T THEN THE STATES AND STORE STATE STATE STATE STATES THE STATES OF STATES AND				
Suite, Apt.	AS	abue	Suite, Apt. #, etc.				MOORE CR2E03	4 (11/03)			
City & Stat	City & State As olore.			City & State			4. FEI Number 14-1890497 Applied For Not Applicable				
Zip		Country	Zip		Country	L	5. Certificate of Status Desired S8.75 Additional Fee Required				
		and Address of Current		<u> </u>	Name	7	. Name and Address of New Registere				
DOSHI, DINESH R 1026 WINDING WATERS CIRCLE WINTER SPRINGS FL 32708					Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
J. F. WIIN	NIER SFR	114G3 FL 32706									
						FL Zip Code					
	e named entity tions of regist		or the purpose of o	hanging its req	gistered office or I	egistered	agent, or both, in the State of Florida. I a	n familiar with,	and accept		
SIGNATURE		alsi					4.	1.04.			
The value of the same of	Signature, typed	or printed name of regulatered agent	and title if applicable.	(NOTE: Re	ogsdared Ageni signatur	required who	en reinstating) DATE				
Afte	r May 1, 200	II FEE IS \$150.00 14 Fee will be \$350.00 Florida Department o	d State				Election Campaign Financing     Trust Fund Contribution.		O May Be I to Fees		
10.		OFFICERS AND	50 M 20 M		11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11		
MLE	P	☐ Delete		TIFLE			Change	Addition			
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12. I hereby certify that the information supplied with this filling 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 eath; 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, d	X OU SU	attachment	with an	i address,	with all	other lik	empo	were
				a				

SIGNATURE:

Obh. Dinesh Doshi

4.1.04

407-695-3932