

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90550 036 \*\*\*150.00

<b>DOCUMENT # P03000094590</b> 1. Entity Name <b>SCOTTWILSON, INC.</b>					
Principal Place of Business <b>2312 IMMOKALEE ROAD NAPLES, FL 34110</b>				Mailing Address <b>C/O ROBERT D ROYSTON JR, ESQ POST OFFICE DRAWER 60205 FORT MYERS, FL 33906</b>	
2. Principal Place of Business <b>1280 Barbizon Lane</b>				3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State <b>Naples, FL</b>				City & State	
Zip <b>33104</b>		Country <b>USA</b>		Zip Country	
4. Name and Address of Current Registered Agent <b>ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BOULEVARD SUITE 101 FORT MYERS, FL 33907</b>				5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
6. 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 _____ <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 \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOLD, NINA R</b> <input type="checkbox"/> Delete <b>2312 IMMOKALEE ROAD</b> <b>NAPLES, FL 34110</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, S, T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1280 Barbizon Lane</b> <b>Naples, FL 34104</b>	
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	
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 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.					
<b>SIGNATURE: <u>N. R. Mold</u></b>			<b><u>NINA RUTH MOLD</u></b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>04.12.04</b> Daytime Phone # <b>239 598 3822</b>		