

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094590

Entity Name: SCOTTWILSON, INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

2312 IMMOKALEE ROAD
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 60205
C/O JOHN M. WICKER, P.A.
FORT MYERS, FL 33906

New Mailing Address:

C/O JOHN M. WICKER, P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33906

FEI Number: 42-1629293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKER, JOHN M P.A.
12670 NEW BRITTANY BOULEVARD
SUITE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BOULEVARD
SUITE 101
FORT MYERS, FL 33907 US

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.

SIGNATURE: JOHN M. WICKER

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MOLD, NINA R
Address: 8401 LAUREL LAKES BLVD
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: MOLD, NINA R
Address: 8401 LAUREL LAKES BLVD
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NINA R. MOLD

DPST

03/25/2009

Electronic Signature of Signing Officer or Director

Date