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FILED
Apr 29, 2004 8:00 am
Secretary of State
04-16-2004 90127 020 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000116665

1. Entity Name
SCOTTY LITTLEJOHN, INC.

66417011

Principal Place of Business	Mailing Address
2465 SPRUCE VIEW WAY PORT ORANGE, FL 32128	2465 SPRUCE VIEW WAY PORT ORANGE, FL 32128
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03292004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0378239 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LITTLEJOHN, ALASTAIR
2465 SPRUCE VIEW WAY
PORT ORANGE, FL 32128

7. Name and Address of New Registered Agent
Name: Robert G. Troup
Street Address (P.O. Box Number is Not Acceptable): 4843-A Ridgewood Ave
City: Port Orange FL Zip Code 32127

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LITTLEJOHN, ALASTAIR 2465 SPRUCE VIEW WAY PORT ORANGE, FL 32128 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LITTLEJOHN, CYNTHIA L 2465 SPRUCE VIEW WAY PORT ORANGE, FL 32128 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Littlejohn, Cynthia L. 2465 Spruce View Way Port Orange FL 32128 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Cynthia L. Littlejohn, Cynthia L Littlejohn President-Secretary Treasurer 3/29/04 (386) 322-0646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #