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

4/1

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

03292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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	D ☒ Delete	TITLE	☒ Change ☐ Addition
NAME	LITTLEJOHN, ALASTAIR	NAME	
STREET ADDRESS	2465 SPRUCE VIEW WAY	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32128	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	PSTD ☒ Change ☐ Addition
NAME	LITTLEJOHN, CYNTHIA L	NAME	Littlejohn, Cynthia L.
STREET ADDRESS	2465 SPRUCE VIEW WAY	STREET ADDRESS	2465 Spruce View Way
CITY-ST-ZIP	PORT ORANGE, FL 32128	CITY-ST-ZIP	Port Orange FL 32128
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Cynthia L Littlejohn 3/29/04 (386) 322-0645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President-Secretary-Treasurer Date Daytime Phone #