


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000116665 1. Entity Name SCOTTY LITTLEJOHN, INC. |  |
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| Principal Place of Business 2465 SPRUCE VIEW WAY PORT ORANGE, FL 32128 | Mailing Address 2465 SPRUCE VIEW WAY PORT ORANGE, FL 32128 |
|--|--|



08132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-0378239 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

TROUP, ROBERT G
4343-A RIDGEWOOD AVE.
PORT ORANGE, FL 32127

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD LITTLEJOHN, CYNTHIA L 2465 SPRUCE VIEW WAY PORT ORANGE, FL 32128 |
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08/17/07-800005-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #