

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**Jan 17,
Secr**

DOCUMENT # P03000136253

1. Entity Name
SCOTT GOEDERT & CO., INC.



Principal Place of Business
**134 RIBERIA ST STE 12
ST AUGUSTINE, FL 32084**

Mailing Address
**P.O. BOX 5105
ST AUGUSTINE, FL 32085 US**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0803560

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOEDERT, A. SCOTT
134 RIBERIA ST
#12
SAINT AUGUSTINE, FL 32084**

**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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GOEDERT, A. SCOTT
134 RIBERIA ST #12
SAINT AUGUSTINE, FL 32084**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000389178
01/20/06-80035-016 150.00

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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

1-13-06 904 823-8841
Date Daytime Phone #