

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000141544

1. Entity Name

SCUMBUSTER SERVICES, INC.



Principal Place of Business

8444 FORT KING ROAD
ZEPHYRHILLS FL 33541

Mailing Address

8444 FORT KING ROAD
ZEPHYRHILLS FL 33541

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0435963

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

H.B. ROSS & CO.
5243 GALL BLVD
SUITE 4
ZEPHYRHILLS FL 33542

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May E
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
P SMITH, STEVEN C
STREET ADDRESS 8444 FORT KING ROAD
CITY-STATE-ZIP ZEPHYRHILLS FL 33541

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Add
000000465000
03/22/06-80017-017 150.00

TITLE NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-STATE-ZIP

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

SA E SA Steven C. Smith 3/7/06 813 300-2425