

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90097 017 ***150.00

DOCUMENT # P03000142251

1. Entity Name

SCRANTON JOE SIZEMORE, INC.



Principal Place of Business

108 SMITH LANE
CRESCENT CITY FL 32112
US

Mailing Address

108 SMITH LANE
CRESCENT CITY FL 32112
US

50050134



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

121 Fisherman Rd.
Suite, Apt. #, etc.

3. Mailing Address

121 Fisherman Rd.
Suite, Apt. #, etc.

City & State

Satsuma Fla.
Zip 32189 Country Panama

City & State

Satsuma Fla.
Zip 32189 Country Panama

4. FEI Number

20-0442893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIZEMORE, SCRANTON J
108 SMITH LANE
CRESCENT CITY FL 32112

7. Name and Address of New Registered Agent

Name Sizemore Scranton J.
Street Address (P.O. Box Number is Not Acceptable)

121 Fisherman Rd.
City Satsuma Fla. FL Zip Code 32189

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME SIZEMORE, SCRANTON J
STREET ADDRESS 108 SMITH LANE
CITY-ST-ZIP CRESCENT CITY FL 32112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 386-992-2253
Date Daytime Phone #