T. Roberts JUN 09 2005

4/8/2005-90035-043-$150.00-$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66015904

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000004097

1. Entity Name
SCRIPPS VILLAGE, INC.

Principal Place of Business	Mailing Address
4152 WEST BLUE HERON BLVD SUITE 128 RIVIERA BEACH, FL 33404	4152 WEST BLUE HERON BLVD SUITE 128 RIVIERA BEACH, FL 33404

01202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
631 US Highway 1		631 U.S. Highwayyl	
Suite, Apt. #, etc.: Ste 400		Suite, Apt. #, etc.: Ste 400	
City & State: North Palm Beach, FL		City & State: North Palm Beach, FL	
Zip: 33408	Country: USA	Zip: 33408	Country: USA

4. FEI Number: 20-2738100 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, JOHN H, ESQ
1645 PALM BEACH LAKES BLVD SUITE 1200
WEST PALM BEACH, FL 33401

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: P NAME: Gregory J Fagan STREET ADDRESS: 631 US Highway 1, Ste 400 CITY-ST-ZIP: North Palm Beach, FL 33408	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / 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: ______________________ 2/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #