

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000008969

1. Entity Name

DAVE'S SCRATCH MASTER PLUS, INC.



Principal Place of Business

4241 GULFSTREAM DR #202
NAPLES, FL 34112

Mailing Address

4241 GULFSTREAM DR #202
NAPLES, FL 34112



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number

43-5040220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NORGARD, DAVID
4241 GULFSTREAM DR #202
NAPLES, FL 34112

**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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000892733
04/23/08-80075-022 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NORGARD, DAVID
4241 GULFSTREAM DR #202
NAPLES, FL 34112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

David Norgard D. Norgard

april 8 2008 417-9566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #