

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021928

Entity Name: SCOTT A. CONCANNON, INC.

FILED
Sep 03, 2005
Secretary of State

Current Principal Place of Business:

5231 SE 128TH AVENUE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

5231 SE 128TH AVENUE
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 20-0690638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARKEL, BARBARA
3453 NW 160TH STREET
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

CONCANNON, ANNA D
5231 SE 128TH AVENUE
OKEECHOBEE, FL 34972 US

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.

SIGNATURE: ANNA D. CONCANNON

09/03/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CONCANNON, SCOTT A
Address: 5231 SE 128TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change () Addition
Name: CONCANNON, SCOTT A
Address: 5231 SE 128TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: STD () Change (X) Addition
Name: CONCANNON, ANNA D
Address: 5231 SE 128TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA D. CONCANNON

STD

09/03/2005

Electronic Signature of Signing Officer or Director

Date