

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040269

FILED
Mar 06, 2007
Secretary of State

Entity Name: SCOTT ADCOCK'S ENTERPRISES, INC.

Current Principal Place of Business:

9869 HERON POINTE DRIVE
ORLANDO, FL 32832

New Principal Place of Business:

8419 LAKE BURDEN CIRCLE
WINDERMERE, FL 34786

Current Mailing Address:

9869 HERON POINTE DRIVE
ORLANDO, FL 32832

New Mailing Address:

8419 LAKE BURDEN CIRCLE
WINDERMERE, FL 34786

FEI Number: 51-0498145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADCOCK, ROBERT S
9869 HERON POINTE DRIVE
ORLANDO, FL 32832 US

Name and Address of New Registered Agent:

ADCOCK, ROBERT S
8419 LAKE BURDEN CIRCLE
WINDERMERE, FL 34786 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: ROBERT S. ADCOCK

03/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADCOCK, ROBERT S
Address: 9869 HERON POINTE DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: STD () Delete
Name: ADCOCK, MELISSA A
Address: 9869 HERON POINTE DRIVE
City-St-Zip: ORLANDO, FL 32832

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ADCOCK, ROBERT S
Address: 8419 LAKE BURDEN CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: STD (X) Change () Addition
Name: ADCOCK, MELISSA A
Address: 8419 LAKE BURDEN CIRCLE
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MELISSA ANN ADCOCK

STD

03/06/2007

Electronic Signature of Signing Officer or Director

Date