


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90012 033 \*\*\*150.00

<b>DOCUMENT # P04000048863</b>	
1. Entity Name <b>SCOTT INSPECTION SERVICES INC.</b>	

Principal Place of Business <b>4291 N DIXIE HWY DEERFIELD BEACH FL 33064</b>	Mailing Address <b>4291 N DIXIE HWY DEERFIELD BEACH FL 33064</b>
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2. Principal Place of Business <b>4291 North Dixie Hwy</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

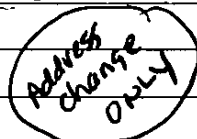
1st MOORE CR2E034 (10/05)

City & State <b>Pompano Beach</b>	City & State
Zip <b>FL 33064</b>	Country


4. FEI Number <b>27-0083702</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SCOTT, RANDALL M 4291 N DIXIE HWY DEERFIELD BEACH FL 33064</b>	
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7. Name and Address of <del>Current</del> Registered Agent	
Name <b>Scott, Randall M.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4291 N. Dixie Hwy</b>	
City <b>Pompano Beach</b>	
FL Zip Code <b>33064</b>	

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  DATE \_\_\_\_\_  
(Signature is typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCOTT, RANDALL M</b> <b>4291 N DIXIE HWY</b> <b>DEERFIELD BEACH FL 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SCOTT, RANDALL M.</b> <b>4291 N. DIXIE HWY</b> <b>Pompano Beach, FL 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  1-25-06 954 946-3009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #