

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90049 032 ***150.00

DOCUMENT # P04000055450																																																																																																																																			
1. Entity Name SCOSTA SUPPLY CORP.																																																																																																																																			
Principal Place of Business 3705 COMMERCE CENTER DR SEBRING, FL 33870			Mailing Address 3705 COMMERCE CENTER DR SEBRING, FL 33870																																																																																																																																
2. Principal Place of Business 3670 Commerce Center DR. Suite, Apt. #, etc.		3. Mailing Address 3670 Commerce Center DR. Suite, Apt. #, etc.																																																																																																																																	
City & State Sebring, FL Zip: 33870-5541 Country: USA		City & State Sebring, FL Zip: 33870-5541 Country: USA		01052006 Chg-P CR2E034 (11/05)																																																																																																																															
4. FEI Number 20-0944356				Applied For <input type="checkbox"/> Not Applicable																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent STANLEY, SCOTT 3705 COMMERCE CENTER DR SEBRING, FL 33870			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): 3670 COMMERCE CENTER DRIVE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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: SCOTT STANLEY, PRES Date: 1/27/06 Daytime Phone #: 863-3850242																																																																																																																																			