


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90081 043 ***150.00

| | | | |
|--|---|--|---|
| DOCUMENT # P04000059157 | |  | |
| 1. Entity Name SCOTT'S TRADEMASTER, INC. | | | |
| Principal Place of Business 2809 BOULDER CT SEBRING, FL 33875 US | | Mailing Address 2809 BOULDER CT SEBRING, FL 33875 US | |
| 2. Principal Place of Business - No P.O. Box # 4805 WHITE SPRUCE ST Suite, Apt. #, etc. | | 3. Mailing Address 4805 WHITE SPRUCE ST Suite, Apt. #, etc. | |
| City & State SEBRING, FL | | City & State SEBRING, FL | |
| Zip 33875-5875 | | Zip 33875-5875 | |
| Country USA | | Country USA | |
| 4. FEI Number 20-0936810 | | 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 HICKS, SCOTT A 2809 BOULDER CT SEBRING, FL 33875 | | 7. Name and Address of New Registered Agent Name SCOTT A. HICKS Street Address (P.O. Box Number is Not Acceptable) 4805 WHITE SPRUCE ST City SEBRING FL Zip Code 33875-5875 | |
| 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: <u>Scott Hicks</u> SCOTT A. HICKS PRES X 1-17-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P HICKS, SCOTT A 2809 BOULDER CT SEBRING, FL 33875 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SCOTT A. HICKS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4805 WHITE SPRUCE ST SEBRING, FL 33875-5875 |
| 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 |
| 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 |
| 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 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: <u>Scott Hicks</u> SCOTT A. HICKS | | X 1-17-07 X 863-381-9227 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

4000059157



01112007 Chg-P CR2E034 (12/06)