2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000064230

CHILDS, WILLIAM S

1220 OAK HAVEN DRIVE

ALTAMONTE SPRINGS, FL 32714

Name:

Address:

City-St-Zip:

Entity Name: SCOTT'S EASTCOAST BUILDERS, INC.

FILED Dec 20, 2005 Secretary of State

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Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	HAVEN DRIVE NTE SPRINGS, FL 32714			
Current M	lailing Address:	New Mailing Address	New Mailing Address:	
	HAVEN DRIVE ITE SPRINGS, FL 32714			
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address o	f New Registered Agent:	
ALTAMON	. HAVEN DRIVE ITE SPRINGS, FL 32714 US			
	e named entity submits this statement for the of Florida.	ne purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: WILLIAM S CHILDS			
	Electronic Signature of Registered	Agent	Date	
	ice with s. 607.193(2)(b), F.S., the corporation did mpaign Financing Trust Fund Contribution ().	d not receive the prior notice.		
	S AND DIRECTORS:	ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PRES () Delete CHILDS, WILLIAM S 1220 OAK HAVEN DRIVE ALTAMONTE SPRINGS, FL 32714	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete CHILDS, WILLIAM S 1220 OAK HAVEN DRIVE ALTAMONTE SPRINGS, FL 32714	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () Delete CHILDS, WILLIAM S 1220 OAK HAVEN DRIVE ALTAMONTE SPRINGS, FL 32714	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TRFA () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM S CHILDS PRES 12/20/2005