2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # P04000096 É SCOOTERS, INC.	429			04-14-2005 90083	019 ***150.00	
Principal Place 9187 SEMIN SEMINOLE, F	OLE BLVD	Mailing Address 9187 SEMINOLE BLVD SEMINOLE, FL 33777	22	3 000	Annaan Annaan	≚ Akubame12k	
Principal Place of Business 3. Mailing Address			1				
6227 PARK BUD 6227 PAR Suite, Apt. #, etc. Suite, Apt. #, etc.			RK BLI	04092005	Chg-P (CR2E034 (10/03)	: 24 ; 26 ;
City & State Posts To City & State / O			<u> </u>	4 FELNumb		· · · · · · · · · · · · · · · · · · ·	plied For
Pinella	as Park FL Country	Mnellas Pr	ARK FC		125605	CQ 75	t Applicable
3378	6. Name and Address of Current F	33781			of Status Desired Address of New Regis	Fee Required	
HARTMANN, ROBERT 9187 SEMINOLE BLVD SEMINOLE, FL 33777 Name Robert Hartman Street Address (P.O. Box Number is Not Acceptable) 6227 Park BLVd							701
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 Rosert Hartmagning Pres. (NOTE; Registered Agent signature required when reinstating) DATE							
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1; 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees							
10.	OFFICERS AND		11.		/CHANGES TO OFFICE	RS AND DIRECTORS	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D HARTMANN, ROBERT 9187 SEMINOLE BLVD SEMINOLE, FL 33777	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HARTMAN 6227 PAN PINELLAS	UN, ROBER RK BLUD Park 17_	33781	Addition
TITLE	02	☐ Delete	TITLE	P MEHOD	1901 1 1	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling does not qualify 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 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: ROSE HOLLINGUA Pres. Date Dayline Prone #							