

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-09-2006 90163 035 ***150.00

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1. Entity Name
THE SCARBOROUGH GROUP, INC



Principal Place of Business
**1724 SETTING SUN LOOP
CASSELBERRY, FL 32707**

Mailing Address
**1724 SETTING SUN LOOP
CASSELBERRY, FL 32707**



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1329792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PAUL S. WEST ATTORNEY AT LAW
600 S. ORLANDO AVE
SUITE 101
MAITLAND, FL 32751**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCARBOROUGH, JASON T 1724 SETTING SUN LOOP CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCARBOROUGH, KATHRYN M 1724 SETTING SUN LOOP CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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:

Jason Scarborough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06
Date

407.924.9888
Daytime Phone #