2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State
06-20-2005 90001 043 ***158.75

DOCUMENT # P04000115031

1. Entity Name
SCRUBYCO, INC.

Principal Place of Business	Mailing Address
10831 S.W. 51ST COURT FT. LAUDERDALE, FL 33328	10831 S.W. 51ST COURT FT. LAUDERDALE, FL 33328

05202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5718 W University Dr Suite, Apt. #, etc.	5718 W University Dr Suite, Apt. #, etc.
City & State: TAMARAC, FL	City & State: TAMARAC, FL
Zip: 33321 Country: Broward	Zip: 33321 Country: Broward

4. FEI Number: 84-1656776 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHMIDT, RON 235 N. UNIVERSITY DRIVE PEMBROKE PINES, FL 33024	Name: MARY K SCRUBY Street Address (P.O. Box Number is Not Acceptable): 5718 W University Dr City: TAMARAC FL Zip Code: 33321

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OD SCRUBY, MARK 10831 S.W. 51ST COURT FT. LAUDERDALE, FL 33328	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OD SCRUBY, ROBERT M 10831 S.W. 51ST COURT FT. LAUDERDALE, FL 33328	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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: _____ 5/19/05 954-914-2710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #