


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90220 040 ***150.00

DOCUMENT # P04000119393 1. Entity Name SCRUGGS & DAUGHTERS ENTERPRISE INC.			
Principal Place of Business 2885 YELLOW PINE CT. #1 JACKSONVILLE, FL 32277		Mailing Address 2885 YELLOW PINE CT. #1 JACKSONVILLE, FL 32277	
2. Principal Place of Business 6999-02 Merrill Rd. Suite, Apt. #, etc. #298 Jacksonville, FL 32277 Duval		3. Mailing Address 6999-02 Merrill Rd. Suite, Apt. #, etc. #298 Jacksonville, FL 32277 Duval	
4. FEI Number 113742947		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04252005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SCRUGGS, ANGELA J 2885 YELLOW PINE CT. #1 JACKSONVILLE, FL 32277		7. Name and Address of New Registered Agent Name Scruggs Angela J. Street Address (Post Office Box is Not Acceptable) 6999-02 Merrill Rd. #298 City Jacksonville FL 32277	
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><i>Angela J. Scruggs</i></u> DATE 4/29/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	CEO <input type="checkbox"/> Delete SCRUGGS, ANGELA J 2885 YELLOW PINE CT. #1 JACKSONVILLE, FL 32277	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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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><i>Angela J. Scruggs</i></u>		Date 4/29/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	