

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90043 046 \*\*\*150.00

DOCUMENT # P04000125581

1. Entity Name  
BOTTOM-SCRATCHERS INC.



Principal Place of Business  
2973 BROOKFIELD DR.  
LARGO, FL 33771 US

Mailing Address  
PO BOX 6412  
CLEARWATER, FL 33758 US

400000430



2. Principal Place of Business - No P.O. Box #  
1630 IDLE DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008

Chg-P

CR2E034 (12/06)

City & State  
CLEARWATER FL.

City & State

4. FEI Number  
20-1658804

Applied For  
Not Applicable

Zip  
33756

Country

Zip

Country

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

MILLER, MATTHEW  
2973 BROOKFIELD DR.  
LARGO, FL 33771

Name

Street Address (P.O. Box Number is Not Acceptable)

1630 IDLE DR.

City  
CLEARWATER

FL

Zip Code  
33756

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 *Matthew Miller*

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature is required when reinstating)

1-3-08

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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  
D  
MILLER, MATTHEW  
2973 BROOKFIELD DR  
LARGO, FL 33771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Matthew Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-08 727-446-8898  
Date Daytime Phone #