

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000168174**

1. Entity Name

SCOTT'S ARBOR MANAGEMENT & CONSULTING  
SERVICES, INC.



Principal Place of Business

6745 N OLD DIXIE HIGHWAY  
FORT PIERCE, FL 34946 US

Mailing Address

6745 N OLD DIXIE HIGHWAY  
FORT PIERCE, FL 34946 US



01132006 No Chg-P GR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2011182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIZZUTI, JOSEPH R  
3135 SW MAPP ROAD  
PALM CITY, FL 34990

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)*

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 P  
NAME SMITH, SCOTT  
STREET ADDRESS 2046 14TH DRIVE  
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

000000392578  
01/24/06-80088-009 150.00  
**DO NOT WRITE  
IN THIS SPACE**

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:

*Scott Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-06