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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

T. Roberts SEP 2 9 2005

COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: Scott Conroy Inc. (Name of Corporation)
DOCUMENT NUMBER: POSO0031412
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Ginger Conroy (Name of Person)
Scott Convoy Inc. (Name of Firm/Company)
4737 Atwater Drive. (Address)
Narth Port Fla 34288 (City/State and Zip Code)
For further information concerning this matter, please call:
Ginger Conroy at (941) 426-5637 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

of Scott Convoy Inc.

(Name of Corporation)

POSOCO31412

A corporation organized under the laws of the State of Covider

(Document Number, if known)

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314