

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90197 019 ***150.00

DOCUMENT # P05000138909

1. Entity Name
SCOTT INTERNATIONAL CORPORATION



Principal Place of Business

**425 BEACH ROAD
UNIT 6-R
TEQUESTA, FL 33649 US**

Mailing Address

**425 BEACH ROAD
UNIT 6-R
TEQUESTA, FL 33649 US**

50001300

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

3. Mailing Address

410 Woodfield Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022007

Chg-P

CR2E034 (12/06)

City & State

City & State

Shant Hills NJ

4. FEI Number

20-3599416

Applied For

Not Applicable

Zip

Country

Zip

Country

07078 EST

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

**HARTMAN, PETER J
11404 1/2 N 56TH ST
TAMPA, FL 33617**

Name

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

City

Zip Code

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 **P** ☐ Delete
NAME **SCOTT, EDWARD L**
STREET ADDRESS **425 BEACH ROAD UNIT 6-R**
CITY-ST-ZIP **TEQUESTA, FL 33469**

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

TITLE **VP** ☐ Delete
NAME **SCOTT, CHRISTOPHER**
STREET ADDRESS **425 BEACH ROAD UNIT 6-R**
CITY-ST-ZIP **TEQUESTA, FL 33469**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #