2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State

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DOCUMENT # P06000062510 1. Entity Name SCOTT'S HAYSTAX INC					05-03-2007 90051 027 ***150.00					
Principal Plac	e of Business				1010344	Ø				
Principal Place of Business 2920 KURT STREET EUSTIS, FL 32726 US Mailing Address 134 SW DISCOVERY PLACE LAKE CITY, FL 32025 US				·	[} 	Jik Addin nëtij marti Avlik	nain sylä sied	A 1/881 \$1/81 1/811 AA	 19 1	
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. 15939	3 US Huy 441	Suite, Apt. #. etc. 14489 S. US Hwy 441			04302007		CR2	E034 (12/06)	aliad Fa	
Eust's	, FL	Lake City	, FL		4. FEI Num	95662	8	 - - 	oplied For of Applicable	
3272	Country US	32-024	Country	į	5. Certificat	e of Status Desired	a 🗆	\$8.75 Add Fee Require		
	6. Name and Address of Current			7. Name ar	d Address of Nev	v Registere	d Agent			
				Name						
BAKER, STEVEN S 134 SW DISCOVERY PLACE LAKE CITY, FL 32025			Street A	Street Address (P.O. Box Number is Not Acceptable)						
			City				F	L Zip Code	e	
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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.			S/CHANGES TO C			S IN 11	
TITLE	PD	☐ Delete	TITLE	141	489 S	. US Huy	441	Change	☐ Addition	
NAME	BAKER, STEVEN S		NAME	1 / /	,0, _			,		
STREET ADDRESS CITY-ST-ZIP	134 SW DISCOVERY PLACE LAKE CITY, FL 32025		STREET ADDRESS CITY-ST-ZIP	Lal	ce Ci-	ty, FL	320	224		
TITLE	S/TD BAKER, AMY P	☐ Delete	TITLE	140	189	ty, FL S. US H ty, FL	144 4	4/ Change	☐ Addition	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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:

STETUTE S BAKES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

386-867-3912

Daylime Phone #