

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90029 017 \*\*\*150.00

**DOCUMENT # P07000070899**

1. Entity Name

SCOTT W. DAVIS HOLDINGS, INC.



Principal Place of Business

3200 PORT ROYALE DR., N.  
#704  
FT. LAUDERDALE FL 33308  
US

Mailing Address

3200 PORT ROYALE DR., N.  
#704  
FT. LAUDERDALE FL 33308  
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1309839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSCEOLA, MARCELLUS  
3200 PORT ROYALE DR., N.  
#704  
FT. LAUDERDALE FL 33308

Name

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

City

**FL**

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, 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, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIR	<input type="checkbox"/> Delete
NAME	OSCEOLA, WILLIAM T	
STREET ADDRESS	3200 PORT ROYALE DR., N. #704	
CITY-STATE-ZIP	FT. LAUDERDALE FL 33308	
TITLE	CHAIRMAN - DIR	<input type="checkbox"/> Delete
NAME	OSCEOLA, MARCELLUS	
STREET ADDRESS	3200 PORT ROYALE DR. N. #704	
CITY-STATE-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	PRESIDENT - DIR	<input type="checkbox"/> Delete
NAME	KLINE, JOEL	
STREET ADDRESS	3200 PORT ROYALE DR. N. #704	
CITY-STATE-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	SECRETARY - DIR	<input type="checkbox"/> Delete
NAME	KLINE, STARLETT	
STREET ADDRESS	3200 PORT ROYALE DR. N. #704	
CITY-STATE-ZIP	FT. LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Starlett Kline STARLETT KLINE, SEC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-08

954-771-9810

Date

Daytime Phone #