

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Feb 08, 2008 08:00 AM  
Secretary of State

DOCUMENT # P93000026372

1. Entity Name  
SCRIBNERS, INC.



Principal Place of Business  
4920 E. COLONIAL DRIVE  
ORLANDO, FL 32803 US

Mailing Address  
211 N. MAGNOLIA AVENUE  
ORLANDO, FL 32801 US

24003



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3175539

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

YERGEY, DAVID A JR  
211 N MAGNOLIA AVE  
ORLANDO, FL 32801

**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 reinstating)

DATE

000000821066  
02/19/08-80009-002 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
SCRIBNER, JOHN H JR.  
405 S. MOSS ROAD  
WINTER SPRINGS, FL 32708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SCRIBNER, CYNTHIA A  
405 S. MOSS ROAD  
WINTER SPRINGS, FL 32708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08

Daytime Phone #

407 897 3294