


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000066542	
1. Entity Name SCOTT MARKETING GROUP, INC.	

Principal Place of Business 650 ROCK RD. NORTH FT. PIERCE, FL 34945 US	Mailing Address P O BOX 2457 FT. PIERCE, FL 34954 US
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0437912	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOWLER, MICHAEL D 2940 S 25TH STREET FT. PIERCE, FL 34981	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000060434 02/23/04-80039-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBS, DARYL 5235 22ND. ST VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT, KENNETH T. 2150 SNEED RD FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, EDGAR A 13939 INDRIQ RD FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, DAN C. 1901 S INDIAN RIVER DR. FT. PIERCE, FL
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 exemption stated in Section 119.07(3)(i), 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: Daryl Jacobs 02/19/04 (772) 461-7425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #