

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90112 029 ***150.00

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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**

40004710



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0437912

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOWLER, MICHAEL D
650 N. ROCK ROAD
FORT PIERCE, FL 34945**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JACOBS, DARYL
STREET ADDRESS	5235 22ND. ST
CITY-ST-ZIP	VERO BEACH, FL
TITLE	VP
NAME	SCOTT, KENNETH T.
STREET ADDRESS	2150 SNEED RD
CITY-ST-ZIP	FT PIERCE, FL
TITLE	S
NAME	BROWN, EDGAR A
STREET ADDRESS	13939 INDRIO RD
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	T
NAME	SCOTT, DAN C.
STREET ADDRESS	1901 S INDIAN RIVER DR.
CITY-ST-ZIP	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 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:

KENNETH T. SCOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06

772-461-7425

Date Daytime Phone #