

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90124 027 ***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

60012824



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0437912

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 INDRIOD 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____