

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90045 019 ***150.00

DOCUMENT # P93000067799

1. Entity Name

SCOTT AUTOMOTIVE ELECTRIC COMPANY



Principal Place of Business

720 LAURA STREET
CLEARWATER FL 33755-4140

Mailing Address

720 LAURA STREET
CLEARWATER FL 33755-4140



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

901 PALMETTO ST.

Suite, Apt. #, etc.

3. Mailing Address

901 PALMETTO ST.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

CLEARWATER, FL.

City & State

CLEARWATER, FL.

4. FEI Number

59-3202443

Applied For

Not Applicable

Zip

33755-4140

Country

USA

Zip

33755-4140

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, LARRY SCOTT
8700 BRIDLEWOOD WAY
SEMINOLE FL 33777

7. Name and Address of New Registered Agent

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 PD ☐ Delete
NAME MILLER, LAWRENCE
STREET ADDRESS 720 LAURA ST.
CITY- ST- ZIP CLEARWATER FL 33755

TITLE VD ☐ Delete
NAME MILLER, LARRY SCOTT
STREET ADDRESS 8700 BRIDLEWOOD WAY
CITY- ST- ZIP SEMINOLE FL 33777

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 209 WARR DR.
CITY- ST- ZIP WARGO, FL. 33778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- 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: Lawrence Miller LAWRENCE MILLER 2-2-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-446-0422