

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

APPROVAL  
07-07-2005 90002 005 \*\*\*158.75  
FILE P94000012352

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. Eckert AUG 09 2005

DOCUMENT # P94000012352

1. Entity Name  
SCOCO MANAGEMENT INC.



Principal Place of Business  
3795 VACATION VILLAS LANE  
TITUSVILLE, FL 32780

Mailing Address  
73795 VACATION VILLAS LANE  
TITUSVILLE, FL 32780

**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3221054

Applied For  
Not Applicable

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

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

SCOTT, JO R.  
3795 VACATION VILLAS LANE  
TITUSVILLE, FL 32780

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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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<del>VP</del>
NAME	<del>GOX, S. DAVID</del>
STREET ADDRESS	<del>P.O. BOX 2938 N/A</del>
CITY-ST-ZIP	<del>GAINESVILLE, FL 32602</del>
TITLE	PSTD, ✓
NAME	SCOTT, JO R
STREET ADDRESS	1930 KNOX MCCRAE DRIVE 3795 VACATION VILLAS LANE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

*Jo R. Scott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/05 321-268-2413  
Date Daytime Phone #