2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 16, 2007 08:00 All Secretary of State DOCUMENT # P94000021976 1. Entity Name WESTCOTT PROPERTIES, INC. Principal Place of Business Mailing Address 1831 N BELCHER RD 1831 N BELCHER RD SUITE G-3 SUITE G-3 **CLEARWATER FL 33765** CLEARWATER FL 33765 2. Principal Placo of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3234550 Not Applicable Ζıρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHELNUTT, ROBERT C 1831 N BELCHER RD Street Address (P.O. Box Number is Not Acceptable) SUITE G-3 **CLEARWATER FL 34625** City 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 clambicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11 1001 TITLE ☐ Delete ☐ Addition SHELNUTT, ROBERT C JR U000000711430 NAME NAME. 1831 N. BELCHER RD. G-3 04/26/07-80005-025 150.00 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33765 CITY-ST-ZIP CITY-SI-ZIP TITLE. ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-71P CITY-ST-ZIP ma Derele Ť'nŬ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THE Delete IJЩ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILL Change Addition NAME NAME STREET, LADDRESS STREET ADDRESS CITY ST-ZIP CITY-S1-7IF mie. Delete 1000 Addition NAMI NAME STRUET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP 12. I heroby 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 eath; 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.

Robert C. Shelnutt, 5 SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR