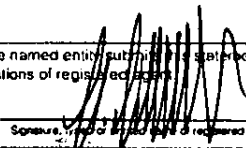
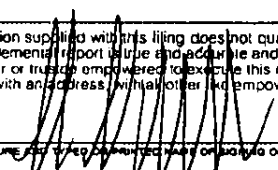


2007 FOR PROFIT CORPORATION ANNUAL REPORT

2/1

FILED
Mar 02, 2007 8:00 am
Secretary of State

02-07-2007 90030 016 ***150.00

DOCUMENT # P94000057091					
1. Entity Name SCOTT GARRISON, P.A.					
Principal Place of Business 460 STATE ROAD 436 STE. 104 CASSELBERRY, FL 32707			Mailing Address P.O. BOX 2303 GOLDENROD, FL 32733-2303		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
01192007 Chg-P CR2E034 (12/06)				4. FEI Number 59-3255811	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRISON, SCOTT P.O. BOX 2303 GOLDENROD, FL 32733-2303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7133 GREEN NEEDLE DRIVE City WINTER PARK FL Zip Code 32789 6659		
8. The above named entity authorizes the undersigned 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 				DATE 1-31-07	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRISON, SCOTT 7133 GREEN NEEDLE DRIVE WINTER PARK, FL 327926659	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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, which is otherwise empowered.					
SIGNATURE: 				Date 1-31-07 Daytime Phone # 407-339-3800	

Scott Garrison

2-27-07