2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P95000048268 02-11-2004 90042 030 ***150.00 SCOT-N-YARD, INC. Principal Place of Business Mailing Address 1100 CHERRY TREE RD 1100 CHERRY TREE RD ST AUGUSTINE, FL 32086 ST AUGUSTINE, FL 32086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FFI Number 59-3321868 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name MCCREA, ALLAN D Street Address (P.O. Box Number is Not Acceptable) 1016 S RODRIGUEZ STREET SAINT AUGUSTINE, FL 32084 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 if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete Change Addition TITLE MCCREA, ALLAN D WILLIAMS, CHERYLL. NAME NAME, 1016 S. RODRIGUEZ STREET 151 SUMMERLIN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33084 CITY-ST-ZIP BT. AUGUSTINE FL 32095-8011 TITLE D ☐ Delete TITL F Change ☐ Addition MCCREA, RUSSELL M NAME NAME 1100 CHERRY TREE RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP ST AUGUSTINE, FL 32086 CITY-ST-ZIP TITLE Change Delete TIT! F Addition NAME MCCREA, JESSICA NAME STREET ADDRESS 1016 S. RODRIGUEZ STREET STREET ADORESS CITY-ST-ZIP HOLLYWOOD, FL 33084 CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 sustee 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:

SO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIAMS 219104 904-80

FILED

Feb 11, 2004 8:00 am