

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90044 042 \*\*\*150.00

**DOCUMENT # P96000016249**

1. Entity Name

SUSAN SCOTT MARKETING, INC.



Principal Place of Business

5962 MORNINGSTAR CIRCLE  
UNIT #306  
DELRAY BEACH FL 33484  
US

Mailing Address

5962 MORNINGSTAR CIRCLE  
UNIT #306  
DELRAY BEACH FL 33484  
US

44043003



MOORE

CR2E034 (11/03)

2. Principal Place of Business

5598 WITNEY DR.  
Suite, Apt. #, etc.  
SUITE # 314

3. Mailing Address

5598 WITNEY DR  
Suite, Apt. #, etc.  
SUITE # 314

City & State

DELRAY BEACH FL  
Zip 33484 Country PALM BEACH

City & State

DELRAY BEACH, FL  
Zip 33484 Country PALM BEACH

4. FEI Number

65-0642267

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZEGANS, SUSAN  
5962 MORNINGSTAR CIRCLE  
UNIT #306  
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name

ZEGANS, SUSAN

Street Address (P.O. Box Number is Not Acceptable)

5598 WITNEY DR  
SUITE # 314

City

DELRAY BEACH

FL

Zip Code

33484

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)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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 P  
NAME ZEGANS, SUSAN  
STREET ADDRESS 5962 MORNINGSTAR CIRCLE, #306  
CITY-ST-ZIP DELRAY BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE P  
NAME SUSAN ZEGANS  
STREET ADDRESS 5598 WITNEY DR SUITE # 314  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 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: Susan Zegans, P SUSAN ZEGANS 4-12-04 561-445-0499  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #