2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000076868

1. Entity Name
SCRUTINY INC.

Principal Place of Business	Mailing Address
3646 MARSHALL RD. NORTH PORT, FL 34288	3646 MARSHALL RD. NORTH PORT, FL 34288

DO NOT WRITE IN THIS SPACE

01272005   No Chg-P   CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

CLARKE, NIGEL R
3646 MARSHALL ROAD
NORTH PORT, FL 34288

DO NOT WRITE 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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DGM
NAME	CLARKE, NIGEL
STREET ADDRESS	3646 MARSHALL RD.
CITY-ST-ZIP	NORTH PORT, FL 34288

TITLE	S
NAME	CLARKE, PATRICIA M
STREET ADDRESS	3646 MARSHALL RD.
CITY-ST-ZIP	NORTH PORT, FL 34288

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02/07/05-80056-011 150.00

TITLE	
NAME	
STREET ADDRESS	
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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: _____   02/02/05.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #