

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90237 001 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000003575

1. Entity Name
DONN G. SCOTT, CPA, P.A.



Principal Place of Business
**801 W. GARDEN ST.
PENSACOLA, FL 32501**

Mailing Address
**801 W. GARDEN ST.
PENSACOLA, FL 32501**

40084723



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3421405

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FERGUSON, MICHAEL L
4300 BAYOU BOULEVARD, STE. 12 & 13
PENSACOLA, FL 32503**

7. Name and Address of New Registered Agent

Name **DONN G. SCOTT**

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

801 West Garden St.

City **Pensacola**

FL

Zip Code **32501**

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.

Donn Scott Principal

(NOTE: Registered Agent signature required when reinstating)

4-25-06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 ☐ Delete
NAME **D**
STREET ADDRESS **SCOTT, DONN G**
CITY-ST-ZIP **801 W. GARDEN ST.
PENSACOLA, FL 32501**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Donn Scott

4/26/06 (950) 438-7582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #