

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000038711**

1. Entity Name  
**JOAN SCOTT OF FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**171 SW 32ND AVENUE**      **171 SW 32ND AVENUE**  
**DEERFIELD BCH, FL 33442**      **DEERFIELD BCH, FL 33442**



02082005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0757299**      Not Applicable  
5. Certificate of Status Desired      ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**5. Name and Address of Current Registered Agent**

**SIMONTON, JOAN P**  
**171 SW 32ND AVENUE**  
**DEERFIELD BCH, FL 33442**

**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      ☐ **\$5.00 May Be**  
Trust Fund Contribution.      **Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VSD
NAME	SIMONTON, JOAN P
STREET ADDRESS	171 SW 32ND AVENUE
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	PTD
NAME	SIMONTON, GREGORY SCOTT
STREET ADDRESS	171 SW 32ND AVENUE
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/05-80008-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Joan Simonton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-15-05*  
Date

Daytime Phone #