

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90064 035 ***150.00

DOCUMENT # P97000097039

1. Entity Name
M.R. SCROGGINS, INC.



Principal Place of Business
**9 SPRING CT
FROSTPROOF, FL 33843**

Mailing Address
**9 SPRING CT
FROSTPROOF, FL 33843**

40104090



2. Principal Place of Business - No P.O. Box #
995 Spring CT
Suite, Apt. #, etc.

3. Mailing Address
995 Spring CT
Suite, Apt. #, etc.

04302007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3478948

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**SCROGGINS, CAROLE J
9 SPRING CT
FROSTPROOF, FL 33843**

7. Name and Address of New Registered Agent

Name

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

995 Spring CT

City

FL

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

Carole J. Scroggins

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when resetting)

4/30/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SCROGGINS, MARCUS R
9 SPRING CT
FROSTPROOF, FL 33843** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
SCROGGINS, CAROLE J
9 SPRING CT
FROSTPROOF, FL 33843** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
995 Spring CT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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995 Spring CT

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☐ Change ☐ Addition

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:

Carole J. Scroggins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

DATE

8636355839

Daytime Phone #