

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000097039

Entity Name: M.R. SCROGGINS, INC.

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

995 SPRING CT  
FROSTPROOF, FL 33843

**New Principal Place of Business:**

**Current Mailing Address:**

995 SPRING CT  
FROSTPROOF, FL 33843

**New Mailing Address:**

FEI Number: 59-3478948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCROGGINS, CAROLE J  
995 SPRING CT  
FROSTPROOF, FL 33843 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: SCROGGINS, JR, MARCUS R  
Address: 447 MARKLIN LOOP RD.  
City-St-Zip: POLK CITY, FL 33868

Title: PSTD  
Name: SCROGGINS, CAROLE J  
Address: 995 SPRING CT  
City-St-Zip: FROSTPROOF, FL 33843

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLE J. SCROGGINS

PRES

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date