2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2004 08:00 AM Secretary of State

DOCUMEN	T #	DONN	ነበብ 1	251	n
UCCONEN	1 E 77		<i>3</i> 00 i	201	U

1. Entity Name DOUG SCOTT INC.

Principal Place of Business 690 WINTERBERRY TRAIL DELAND, FL 32724 Mailing Address

690 WINTERBERRY TRAIL DELAND, FL 32724



02122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3491321

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SCOTT, DOUG

DO NOT WRITE

DELAND, FL 32724		IN THIS SPACE		
 The above named entity submits this statement for the purp the obligations of registered agent. 	pose of changing its registered office or	registered agent, or both, i	n the State of Florida.) am familiar with, and accept	
SIGNATURE	opticable. (NOTE Registered Agent signatu	re required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTO	OR\$			
NAME STREET ADDRESS 690 WINTERBERRY TRAIL DELAND, FL 32724			(100000071C99	
TITLE NAME STREET ACCIDESS CITY-ST-ZIP			100000071689 03/01/04-80081-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	IOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TI	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
THE NAME STREET ADDRESS CHY-S1-ZIP				
12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and	g does not qualify for the exemption state if accurate and that my signature shall he	ed in Section 119.07(3)(i), Fave the same legal effect and the same le	lorida Statutes. I further certify that the information if made under path; that I am an officer or director and that my name appears in Block 10 or Block 11 if	