

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000018691</b> 1. Entity Name LITTLE SCOTLAND, INC.
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Principal Place of Business 565 SOLITAIRE PALM DR. INDIALANTIC, FL 32903	Mailing Address 565 SOLITAIRE PALM DR. INDIALANTIC, FL 32903
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<b>DO NOT WRITE IN THIS SPACE</b>
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01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3498570	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  WATKINS, JOHN W 565 SOLITAIRE PALM DR. INDIALANTIC, FL 32903
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WATKINS, JOHN W 565 SOLITAIRE PALM DR. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, JILL W 3042 SWEDEN WALKER RD. BROCKPORT, NY 14420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HESS, KAY W 552 SOLITAIRE PALM DR. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATKINS, ROBBIE C 565 SOLITAIRE PALM DR. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000005548 01/15/04-80056-015 158.75</p> <b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** JOHN W. WATKINS 1/8/04 (321)723-1918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #