2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 17, 2006 08:00 AM Secretary of State DOCUMENT # P98000061364 1. Entity Name R. CRAIG SCOGGINS, INC. Mailing Address Principal Place of Business 986 SW ALL AMERICAN BLVD. PALM CITY FL 34990 986 SW ALL AMERICAN BLVD PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0852646 Not Applicat Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCOGGINS, R C 986 SW ALL AMERICAN BLVD PALM CITY FL 34490 Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Defete nue Change Addition TITLE NAME SCOGGINS, R. CRAIG NAME STREET ADDRESS 986 SW ALL AMERICAN BLVD STREET ADDRESS U000000511739 CITY-ST-ZIP PALM CITY FL 34990 CHY-ST-70 04/29/06-80063-002 150.00 ☐ Delete ☐ Addition TITLE TITLE NAME SCOGGINS, DIANE E NAME STREET ADDRESS STREET ADDRESS 986 SW ALL AMERICAN BLVD CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 915 - 12 - Y7K3 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP Chance Chance Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 appearanced.