## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000091128

1. Entity Name SCOTT A. MCELVEEN, INC.



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2009 AIR PORT RD PLANT CITY, FL 33563 P. O. BOX 1493 PLANT CITY, FL 33564



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 03092006
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

MCELVEEN, SCOTT A 2009 AIRPORT RD PLANT CITY, FL 33563

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered spent and tide if applicable (NOTE. Registered Agent signature required when reinstating)						<u></u>
		Election Campaign Financi     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MCELVEEN, SCOTT A 1212 VICTORIA ST. PLANT CITY, FL 33563					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PR RYAN HUGHES 1420 PLANTATION CIR APT 501 PLANT CITY, FL 33563	. ·			U00000510394 04/29/06-80006-013	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				*N	THIS SPACE	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	,	
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 further 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.						

AFURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR