## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000008926

1. Entity Name

SCOTT & COMPANY, P.A.



FILED Apr 11, 2007 08:00 All Secretary of State

Principal Place of Business

2440 SE FEDERAL HWY.

SUIE A

STUART, FL 34994

Mailing Address

PO BOX 2381 STUART, FL 34995



DO NOT WRITE IN THIS SPACE

04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0894866

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, ALAN F JR 8699 SW CRUDEN BAY CT. STUART, FL 34997

## DO NOT WRITE

		•	U. WITTER			<b>独设的</b> 。2017年
	named entity submits this statement for the price of registered agent.	urpose of changing its register	red office or registe	red agent, or both, in	the State of Florida. I am	familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	t unufleable (NOTE Postular	ed Agent signature require	dubas religiotations)	DATE	
	опримента и применения и применения в примен	applicable (NOTE register	eo ydeur gignainia rodnia	d when remissating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS	# # PUNCEV	nas Waltathusā	dirografication and	ARBITETA INTERIOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SCOTT, JR., ALAN F 8699 SW CRUDEN BAY CT. STUART, FL 34997					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	OT WRITI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IS SPACE	
TITLE  MAME  STREET ADDRESS		-				

12. I hereby certify that the information supplied with this filling 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 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 chapted, or on a natachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED IN

Alan F. S

Scott, Jr. 4/9/0

125-163-522

Daytime Phone #