


**FILED**  
**Feb 06, 2004 08:00 A**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |  |   |
|---|--|---|
| <b>DOCUMENT # P99000025520</b>  |  |                                        |
| 1. Entity Name<br><b>SCOTT SERVICES GROUP, INC.</b>   |  |   |
| Principal Place of Business<br><b>103 N.MERIDIAN STREET<br/>LOWER LEVEL<br/>MIAMI, FL 32315</b>   |  | Mailing Address<br><b>103 N.MERIDIAN STREET<br/>LOWER LEVEL<br/>MIAMI, FL 32315</b>                                     |
| <b>DO NOT WRITE IN THIS SPACE</b>   |  |   |
|   |  | <br>01202004 No Chg-P CR2E034 (10/03) |
|   |  | 4. FEI Number<br><b>65-1062215</b>  |
|   |  | Applied For<br><input type="checkbox"/> Not Applicable  |
|   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                         |
| 6. Name and Address of Current Registered Agent   |  |   |
| <b>CORPDIRECT AGENTS, INC<br/>103 N.MERIDIAN STREET<br/>LOWER LEVEL<br/>TALLAHASSEE, FL 32315</b>   |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 translating) DATE _____   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |
|   |  | <b>U000000038793<br/>02/06/04-80151-023 150.00</b>  |
| 10. OFFICERS AND DIRECTORS  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | DP<br>PORTER, MARTIN C<br>P.O.BOX 175 FRANCES HOUSE, SIR WILLIAM PL<br>ST.PETER PORT GUERNSEY CHANN, IS GY1 4HO  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | DV<br>RUSSELL, MARTYN E<br>P.O.BOX 175 FRANCES HOUSE, SIR WILLIAM PL<br>ST.PETER PORT GUERNSEY CHANN, IS GY1 4HO |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |  |   |
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| <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |  |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | <b>22-1-2004</b><br>Date Daytime Phone #  |