


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # V05354 1. Entity Name JOHN SCANLON IMPORTS, INC.	
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Principal Place of Business 14100 S TAMiami TR FORT MYERS, FL 33912	Mailing Address 14100 S TAMiami TR FORT MYERS, FL 33912 US
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03022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0308869	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCANLON, JOHN E. 14270 S. TAMiami TRAIL FORT MYERS, FL 33912

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCANLON, JOHN E. 14200 S. TAMiami TRAIL FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCANLON, JOAN M. 14200 S. TAMiami TRAIL FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRUMMERT, DOROTHY 14270 S. TAMiami TRAIL FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCANLON, JOHN E C 766 CAPE VIEW DR FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLEMENTE, PHILLIP J 16725 PANTHER PAW COURT FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/07-80003-011 150.00

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IN THIS SPACE**

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 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: Dorothy Brummet Dec 2 5 07 689 632 277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #