


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # V26185 1. Entity Name SCORPIO FLORIDA ENTERPRISES, INC.	
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Principal Place of Business 8701 BOCA CIEGA DRIVE ST. PETERSBURG BCH., FL 33706 US	Mailing Address 8701 BOCA CIEGA DRIVE ST. PETERSBURG BCH., FL 33706 US
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DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3118412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEYLIE, WALLACE J. D.
417 1ST ST
INDIAN ROCKS BEACH, FL 34635

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATKINS, RODERICK R. 8701 BOCA CIEGA DRIVE ST. PETERSBURG BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ATKINS, MARTINA F. 8701 BOCA CIEGA DRIVE ST. PETERSBURG BCH., FL
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04/16/04-80008-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: M^{rs} Martins (MARTINA F. ATKINS) 4/14/04 1-727-367-5035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #