


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90026 008 ***150.00

DOCUMENT # V26185	
1. Entity Name SCORPIO FLORIDA ENTERPRISES, INC.	

Principal Place of Business 8810 55TH COURT E PARRISH, FL 34219 US	Mailing Address 8810 55TH COURT E PARRISH, FL 34219 US
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2. Principal Place of Business - No P.O. Box # 5855 LEXINGTON DR Suite, Apt. #, etc.	3. Mailing Address 5855 LEXINGTON DR Suite, Apt. #, etc.
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City & State PARRISH FL.	City & State PARRISH FL
Zip 34219	Country USA
Zip 34219	Country USA



01212007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent WEYLIE, WALLACE J. D. 417 1ST ST INDIAN ROCKS BEACH, FL 34635	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME ATKINS, RODERICK R. STREET ADDRESS 8810 55TH COURT E CITY-ST-ZIP PARRISH, FL 34219	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 5855 LEXINGTON DR STREET ADDRESS PARRISH FL. 34219 CITY-ST-ZIP	
TITLE VSD NAME ATKINS, MARTINA F. STREET ADDRESS 8810 55TH COURT E CITY-ST-ZIP PARRISH, FL 34219	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 5855 LEXINGTON DR. STREET ADDRESS PARRISH FL. 34219 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: M. Atkins (MARTINA F. ATKINS) 1/19/07 941-531-4232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #