


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2008 08:00 AM
Secretary of State**

DOCUMENT # V26185 1. Entity Name SCORPIO FLORIDA ENTERPRISES, INC.	
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Principal Place of Business 5855 LEXINGTON DR PARRISH, FL 34219 US	Mailing Address 5855 LEXINGTON DR PARRISH, FL 34219 US
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01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3118412	Applied For <input type="checkbox"/> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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. 5855 LEXINGTON DR PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ATKINS, MARTINA F. 5855 LEXINGTON DR PARRISH, FL 34219
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01/29/08-80007-002 150.00

**DO NOT WRITE
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:

M F Atkins (MARTINA F ATKINS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/08

Daytime Phone #