

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V61618

FILED
Feb 11, 2004
Secretary of State

Entity Name: STANSFELD SCOTT INC.

Current Principal Place of Business:

28100 US HWY 19N
STE 411
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

28100 US HWY 19N
STE 411
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 59-3144466 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN & ASSOCIATES, P.A.
1245 COURT STREET
102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CABRAL, BRIAN F
Address: 1709 HUNTINGTON CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S () Delete
Name: CABRAL, INDRA
Address: 1709 HUNTINGTON CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T () Delete
Name: KESSARAM, JAYSHREE
Address: 1709 HUNTINGTON CT
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INDRA CABRAL

_____ Electronic Signature of Signing Officer or Director

MRS.

02/11/2004

_____ Date