



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90266 020 ***150.00

DOCUMENT # V70862			
1. Entity Name SCRATCH ENTERPRISES INC.			
Principal Place of Business 4613 OAK HAMMOCK CT. HAROUR VILLAGE PORT INLET, FL 32127 US		Mailing Address 4613 OAK HAMMOCK CT. HAROUR VILLAGE PORT INLET, FL 32127 US	
2. Principal Place of Business 5109 NW 39 AVE		3. Mailing Address	
Suite, Apt. #, etc. Ste J		Suite, Apt. #, etc.	
City & State Gainesville FL		City & State Ponce Inlet FL	
Zip 32606		Country USA	
4. FEI Number 59-3145345		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 REGAN, DONALD J 4613 OAK HAMMOCK COURT HARBOUR VILLAGE PORT INLET, FL 32127		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City Ponce Inlet FL		Zip Code 32127-2223	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME REGAN, DONALD J	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 4613 OAK HAMMOCK CT.
STREET ADDRESS 4421 NW 36 DR	CITY-ST-ZIP GAINESVILLE, FL 32605	STREET ADDRESS Ponce Inlet, FL 32127	CITY-ST-ZIP
TITLE TD	NAME REGAN, LAUREK	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 4421 NW 36 DR	CITY-ST-ZIP GAINESVILLE, FL 32605	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME AKEY, MICHAEL J	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DV
STREET ADDRESS 941 NW 118TH TERR	CITY-ST-ZIP GAINESVILLE, FL 32606	STREET ADDRESS 10827 SW 17 LANE	CITY-ST-ZIP Gainesville, FL 32607
TITLE S	NAME AKEY, MELISSA A	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DS
STREET ADDRESS 941 NW 118TH TERR	CITY-ST-ZIP GAINESVILLE, FL 32606	STREET ADDRESS 10827 SW 17 LANE	CITY-ST-ZIP Gainesville, FL 32607
TITLE	NAME	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME DT
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS DONALD J. REGAN II	CITY-ST-ZIP 4613 OAK HAMMOCK CT Ponce Inlet, FL 32127
TITLE	NAME	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME AT
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS michael D. STARK	CITY-ST-ZIP 11963 -NW. 13 Avenue Gainesville, FL 32606
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date: 3/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 386-7880604	