



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			
City & State Gainesville FL		City & State PONCE INLET FL		4. FEI Number 59-3145345	
Zip 32606		Country USA		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 <input type="checkbox"/> Delete NAME REGAN, DONALD J STREET ADDRESS 4421 NW 36 DR CITY-ST-ZIP GAINESVILLE, FL 32605			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 4613 OAK HAMMOCK CT. STREET ADDRESS PONCE INLET, FL 32127		
TITLE TD <input checked="" type="checkbox"/> Delete NAME REGAN, LAUREN STREET ADDRESS 4421 NW 36 DR CITY-ST-ZIP GAINESVILLE, FL 32605			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME AKEY, MICHAEL J STREET ADDRESS 941 NW 118TH TERR CITY-ST-ZIP GAINESVILLE, FL 32606			TITLE DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 10827 SW 17 LANE STREET ADDRESS Gainesville, FL 32607		
TITLE S <input type="checkbox"/> Delete NAME AKEY, MELISSA A STREET ADDRESS 941 NW 118TH TERR CITY-ST-ZIP GAINESVILLE, FL 32606			TITLE DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 10827 SW 17 LANE STREET ADDRESS Gainesville, FL 32607		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DONALD J. REGAN II STREET ADDRESS 4613 OAK HAMMOCK CT CITY-ST-ZIP PONCE INLET, FL 32127		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Michael D. STARK STREET ADDRESS 11963 - NW 13 Avenue CITY-ST-ZIP 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: 				3/15/05 386-788060x	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	