

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90352 042 ***150.00

DOCUMENT # V70862

1. Entity Name
SCRATCH ENTERPRISES INC.



Principal Place of Business
**5109 NW 39 AVE STE J
GAINESVILLE, FL 32606 US**

Mailing Address
**4613 OAK HAMMOCK CT.
HARBOUR VILLAGE
PONCE INLET, FL 32127 US**

60029283



2. Principal Place of Business

3. Mailing Address

401 NW 39 ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE C

City & State

City & State
Gainesville, FL.

Zip

Country

Zip

Country

32607

USA

02102006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3145345

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGAN, DONALD J
4613 OAK HAMMOCK COURT
HARBOUR VILLAGE
PONCE INLET, FL 32127**

Name

Street Address (P.O. Box Number is Not Acceptable)

401 N.W. 39 ROAD

STE. C.

City **Gainesville**

FL Zip Code **32607**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 **PQ** ☐ Delete
NAME **REGAN, DONALD J**
STREET ADDRESS **4613 OAK HAMMOCK CT**
CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE ☒ Change ☐ Addition
NAME **401 NW 39th ROAD STE. C.**
STREET ADDRESS **Gainesville, FL. 32607**
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **REGAN, DONALD J II**
STREET ADDRESS **4613 OAK HAMMOCK CT**
CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE ☒ Change ☐ Addition
NAME **401 NW 39th ROAD STE C**
STREET ADDRESS **Gainesville, FL. 32607**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **AKEY, MICHAEL J**
STREET ADDRESS **10827 SW 17 LANE**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **AKEY, MELISSA A**
STREET ADDRESS **10827 SW 17 LANE**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AT** ☒ Delete
NAME **STARK, MICHAEL D**
STREET ADDRESS **11963 NW 13 AVENUE**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Donald J. Regan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06
Date

386-689-0883
Daytime Phone #