

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000014564

**Entity Name:** SAMUEL R. SCARLETT, P.A.

**Current Principal Place of Business:**

2253 S OLD MAIL RD  
CROSSVILLE, TN 38572

**Current Mailing Address:**

2253 S OLD MAIL RD  
CROSSVILLE, TN 38572 US

**FEI Number:** 46-2024598

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCARLETT, SAMUEL R  
2253 S OLD MAIL RD  
CROSSVILLE, FL 38572 US

*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

**Officer/Director Detail :**

|                 |                     |                 |                      |
|-----------------|---------------------|-----------------|----------------------|
| Title           | P                   | Title           | VP                   |
| Name            | SCARLETT, SAMUEL R  | Name            | SCARLETT, CHRYSTAL N |
| Address         | 2253 S OLD MAIL RD  | Address         | 2253 S OLD MAIL RD   |
| City-State-Zip: | CROSSVILLE TN 38572 | City-State-Zip: | CROSSVILLE TN 38572  |

*I hereby 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 all other like empowered.*

**SIGNATURE:** SAMUEL SCARLETT

**PRESIDENT**

**03/16/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date