


2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # F03000002514
1. Entity Name
SCIBAL ASSOCIATES, INC.



Principal Place of Business: 23 MAYS LANDING ROAD, SOMERS POINT, NJ 08244
Mailing Address: PO BOX 188, SOMERS POINT, NJ 08244

DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number: 22-2483867 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AVOLIO, ROBERT P.
AVOLIO & HANLON, P.C.
2730 U.S. #1 SOUTH STE. J
ST. AUGUSTINE, FL 32086

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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
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SCIBAL, DAVID A
STREET ADDRESS	23 MAYS LANDING ROAD
CITY - ST - ZIP	SOMERS POINT, NJ 08244
TITLE	VCVP
NAME	SCIBAL, STEPHEN J
STREET ADDRESS	4 E. VERNON AVENUE
CITY - ST - ZIP	NORTHFIELD, NJ 08225
TITLE	DST
NAME	DODS, REYNOLDS
STREET ADDRESS	105 ARLINGTON AVENUE
CITY - ST - ZIP	LINWOOD, NJ 08221
TITLE	D
NAME	BASIL, TOM JR
STREET ADDRESS	422 COVENTRY WAY
CITY - ST - ZIP	GALLOWAY, NJ 08205
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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: Reynolds Dods 7/6/05 609 653 8100 x2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #