

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90012 008 ***150.00

DOCUMENT # P02000060383	
1. Entity Name SCISOFT INC.	

Principal Place of Business 215 VALENCIA BLVD., SUITE 201 BELLEAIR BLUFFS, FL 33770	Mailing Address 215 VALENCIA BLVD., SUITE 201 BELLEAIR BLUFFS, FL 33770
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54022093

2. Principal Place of Business 1340 GULF BLVD 9A	3. Mailing Address 1340 GULF BLVD 9A
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLEARWATER FL	City & State CLEARWATER FL
Zip 33767	Country USA



03172004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3370020	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SZWARC, IRIS 1340 GULF BLVD., #9A CLEARWATER, FL 33767	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZWARC, IRIS 1340 GULF BLVD., #9A CLEARWATER, FL 33767 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZWARC, RALPH 1340 GULF BLVD., #9A CLEARWATER, FL 33767 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: IRIS SZWARC **President** 3/20 737-458-2678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #