


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000019629
 1. Entity Name
 SCRAP GOLD, INC.



Principal Place of Business: 1023 JOHN SIMS PKWY. NICEVILLE, FL 32578
 Mailing Address: 1023 JOHN SIMS PKWY. NICEVILLE, FL 32578

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01192005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3558222 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HOUCK, WILLIAM J
 4557 KNOLLWOOD LANE
 NICEVILLE, FL 32578

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 1100000227354
 02/12/05-80052-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOUCK, WILLIAM J
STREET ADDRESS	4557 KNOLLWOOD LANE
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	HOUCK, SUSAN M
STREET ADDRESS	4557 KNOLLWOOD LANE
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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: Susan M. Houck, Y.P. Scrap Gold 2-9-05 850-678-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Susan M. Houck CK 10420