

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90002 033 ***550.00

DOCUMENT # P98000089768

1. Entity Name
SCAND-AMERICA INTERNATIONAL, INC.



Principal Place of Business

**40347 US HWY 19 N
STE 211
TARPON SPRINGS, FL 34689**

Mailing Address

**40347 US HWY 19 N
STE 211
TARPON SPRINGS, FL 34689**

54072318



2. Principal Place of Business

1427 ENISWOOD PKWY

Suite, Apt. #, etc.

3. Mailing Address

1427 ENISWOOD PARKWAY

Suite, Apt. #, etc.

08182004

Chg-P

CR2E034 (10/03)

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

4. FEI Number

59-3539770

Applied For

Not Applicable

Zip

34683

Country

USA

Zip

34683

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FISKA, IVAR
40347 US.19 N.
STE 211
TARPON SPRINGS, FL 34689**

7. Name and Address of New Registered Agent

Name **IVAR FISKAA**

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

1427 ENISWOOD PARKWAY

DEPT

PALM HARBOR

FL

Zip Code

34683

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 **X** *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/3/04

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**



9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FISKA, IVAR**
STREET ADDRESS **40347 US HWY 19 N STE 211**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 exemption stated in Section 119.07(3)(i), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/04

Date

727 786 9400

Daytime Phone #