


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 568119</b> 1. Entity Name SCN INCORPORATED	
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Principal Place of Business 7606 S. TAMiami TRAIL SARASOTA, FL 34231 US	Mailing Address 7606 S. TAMiami TRAIL SARASOTA, FL 34231 US
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02102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1901668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  KREGER, JOHN T 7731 CASTLE ISLAND DRIVE SARASOTA, FL 34240
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**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KREGER, JOHN T 7731 CASTLE ISLAND DRIVE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUMAN, CHRISTINA L 6602 WESTWARD PLACE UNIVERSITY PARK, FL 34201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PIERRE, CLAUDE 5103 GLADE FERN COURT SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRINGER, DAVID S 4358 ARROW AVE. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000293798  
04/08/05-80043-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Chris Auman 3-15-05 941-921-5663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #