2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 596270

1. Entity Name
SCIMENS DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1520 GULF BLVD #305 CLEARWATER, FL 33767	1520 GULF BLVD #305 CLEARWATER, FL 33767

DO NOT WRITE IN THIS SPACE

02042004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1872916	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCIMENS, ANN
1520 GULF BLVD, #305
P.O. BOX 479
CLEARWATER, FL 33767

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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, i   n 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

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

U00000077830
03/08/04-80001-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SCIMENS,LOUIS
STREET ADDRESS	1520 GULF BLVD #305
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	VS
NAME	SCIMENS, ANN
STREET ADDRESS	1520 GULF BLVD #305
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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; an   d 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: _Ann Scimens_   3/4/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #