2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 656040

1. Entity Name
SCEEE SERVICES CORPORATION

Principal Place of Business	Mailing Address
1101 MASSACHUSETTS AVENUE ST. CLOUD, FL 34769	1101 MASSACHUSETTS AVENUE ST. CLOUD, FL 34769

DO NOT WRITE IN THIS SPACE

01132007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1971319
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EVERETT, CHERRY S
1101 MASSACHUSETTS AVE
ST CLOUD, FL 34769

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	TRAVER, LEANNE
STREET ADDRESS	68 PORT ROYAL SQ
CITY-ST-ZIP	PORT ROYAL, VA 225350068
TITLE	D
NAME	TRAVER, HEATHER L
STREET ADDRESS	68 PORT ROYAL SQUARE
CITY-ST-ZIP	PORT ROYAL, VA 22535
TITLE	CD
NAME	EVERETT, W.W. JR.
STREET ADDRESS	1101 MASSACHUSETTS AVE
CITY-ST-ZIP	SAINT CLOUD, FL 34769
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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01/25/07-80024-005 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an an attachment with an address, with all other like empowered.

SIGNATURE: Woodrow W Everett Jr. 1/16/2007 (864)742-5611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

W. W. Everett, Jr.