

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 656040

1. Entity Name
SCEEE SERVICES CORPORATION



Principal Place of Business

**1101 MASSACHUSETTS AVENUE
ST. CLOUD, FL 34769**

Mailing Address

**1101 MASSACHUSETTS AVENUE
ST. CLOUD, FL 34769**

DO NOT WRITE IN THIS SPACE



01222008 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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/27/08-90025-009 158.75

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
TRAVER, LEANNE
68 PORT ROYAL SQ
PORT ROYAL, VA 225350068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TRAVER, HEATHER L
68 PORT ROYAL SQUARE
PORT ROYAL, VA 22535**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
EVERETT, W.W. JR.
1101 MASSACHUSETTS AVE
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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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

W. W. Everett, Jr.

W. W. Everett, Jr., Chairman/Director 2/13/2008 (804) 742-5611