


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 668058
1. Entity Name
SCEEE PRESS, INC.



Principal Place of Business Mailing Address
**1101 MASSACHUSETTS AVE.
ST. CLOUD, FL 34769-3733** **1101 MASSACHUSETTS AVE.
ST. CLOUD, FL 34769-3733**



02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7365171 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**EVERETT, W. W. JR.
1101 MASSACHUSETTS AVENUE
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 _____ 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, 2006 Fee will be \$550.00**

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

000000433298
02/24/06-80012-007 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EVERETT, JR WW 1101 MASSACHUSETTS AVE ST CLOUD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS TRAVER, LEANNE E. 1101 MASSACHUSETTS AVE. ST. CLOUD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD EVERETT, WOODROW W III 1101 MASSACHUSETTE AVE ST CLOUD, FL |
| 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 exceptions.

SIGNATURE: *W. W. Everett, Jr.* **W. W. Everett, Jr., Director** *2/6/2006* *(804) 742-5611*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #