


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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



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

DO NOT WRITE IN THIS SPACE



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-7365171	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EVERETT, W. W. JR.
1101 MASSACHUSETTS AVENUE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	D EVERETT, JR W W 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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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. 1/16/2007 (804) 942-5611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

W. W. Everett, Jr.