

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005340

Entity Name: SCS AGENCY, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

11 GRACE AVE
GREAT NECK, NY 11021

New Principal Place of Business:

Current Mailing Address:

PO BOX 220493
GREAT NECK, NY 11021

New Mailing Address:

FEI Number: 13-2749098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ
1267 BERKSHIRE LANE SUITE 200
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CHARLES, ANTHONY W
Address: 115 MASON DRIVE
City-St-Zip: MANHASSET, NY 11030

Title: EVPD () Delete
Name: SMITH, GARY M
Address: 2142 BELLEWOOD DRIVE
City-St-Zip: MERRICK, NY 11566

Title: S () Delete
Name: SMITH, GARY M
Address: 2142 BELLEWOOD DRIVE
City-St-Zip: MERRICK, NY 11566

Title: EVP () Delete
Name: SCHMER, MICHAEL J
Address: 6 ESMOND AVE
City-St-Zip: MELVILLE, NY 11747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY M SMITH

EVPD

04/21/2009

Electronic Signature of Signing Officer or Director

Date