

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005340

Entity Name: SCS AGENCY, INC.

**FILED**  
**Mar 15, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY CHARLES

DPT

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date