

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G74013

Entity Name: SCS & ASSOCIATES, INC.

FILED  
Jun 30, 2005  
Secretary of State

## Current Principal Place of Business:

4699 N. FEDERAL HWY  
SUITE 107  
POMPANO BEACH, FL 33064 US

## New Principal Place of Business:

## Current Mailing Address:

4699 N. FEDERAL HWY  
SUITE 107  
POMPANO BEACH, FL 33064 US

## New Mailing Address:

FEI Number: 59-2368324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHEPER, MICHAEL F  
1200 SW 3RD ST  
POMPANO BEACH, FL 33069 US

## Name and Address of New Registered Agent:

SCHEPER, LESLIE  
4699 N. FEDERAL HWY  
SUITE 107  
POMPANO BEACH, FL 33064 US

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: LESLIE SCHEPER

06/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCHEPER, MICHAEL F  
Address: 1200 SW 3RD ST  
City-St-Zip: POMPANO BEACH, FL 33069

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SCHEPER, LESLIE  
Address: 4699 N. FEDERAL HWY, SUITE 107  
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LESLIE SCHEPER

PD

06/30/2005

Electronic Signature of Signing Officer or Director

Date