


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H23613</b> 1. Entity Name S. C. TWO OPERATING COMPANY	
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Principal Place of Business P O BOX 951966 LAKE MARY, FL 32795	Mailing Address 118 EASTERN FORK LONGWOOD, FL 32750
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<b>DO NOT WRITE IN THIS SPACE</b>
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01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2461478	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GARLICK, THOMAS B. 1100 FIFTH AVENUE SOUTH SUITE 410, COMMERCE BUILDING NAPLES, FL 33940
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NASH, STEPHEN 118 EASTERN FORK LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NASH, CHARLEEN 118 EASTERN FORK LONGWOOD, FL 32750
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<p>U00000221789 02/09/05-80046-009 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Stephen Nash, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>2/1/05</u> <small>Date</small>	Daytime Phone # _____ <small>Daytime Phone #</small>
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