


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90001 016 ***150.00

DOCUMENT # J49261 1. Entity Name S.C. PRESLEY AND COMPANY, INC.	
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Principal Place of Business 250 S RONALD REAGAN BLVD STE 100 LONGWOOD, FL 32750-5466 US	Mailing Address 250 S RONALD REAGAN BLVD STE 100 LONGWOOD, FL 32750-5466 US
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DO NOT WRITE IN THIS SPACE

06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2750960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRESLEY, SYLVIA C.
250 S. RONALD REAGAN BLVD
STE 100
LONGWOOD, FL 32750

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESLEY, SYLVIA C. 2014 SOUTH CHICKASAW TR ORLANDO, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Sylvia C. Presley Sylvia C. Presley, Pres. 6/29/05 407-331-7665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 14018084
S. C. PRESLEY & CO., INC.

Accounting and Tax Services - Business Consulting - Tax Planning - Financial Services

250 South Ronald Reagan Blvd., Ste. 100
Longwood, FL 32750-5466

E-Mail: sylviacp@scpresley.com

Telephone Number: (407) 331-7665
Fax Number: (407) 331-5884

June 29, 2005

FL Department of State
Division of Corporations – Annual Report Filing
P. O. Box 6198
Tallahassee, FL 32314

Re: S. C. Presley & Co., Inc.
Document #J49261
2005 Annual Report
Request for Waiver of Late Fee

Dear Sirs:

Enclosed please find 2005 Annual Report with check payment in the amount \$150.00 as filing fee pursuant to receipt of your Notice of Intent to Dissolve (copy attached).

This is also our request for a waiver of the \$400 late fee for the reasons listed below:

1. An annual report was completed and mailed to your office along with the appropriate payment (Ck#6316 dated April 7, 2005 for \$150.00) on April 8, 2005.
2. Our office postal log shows that the original report and check mailed to your office on April 8, 2005.
3. A check with our bank today confirmed that the check had not cleared.
4. We were unaware that your office had not received this report and payment until receipt of the above notice.
5. Copies of original report, check stub, postal log, etc. can be provided you if needed.

If Check #6316 happens to show up at your office, please void check or refund amount to us.

Thanking you in advance for your consideration and approval in waiving the \$400 late fee at this time. If further information is needed, please do not hesitate to notify me.

Sincerely,



Sylvia C. Presley, EA, CFP, ATA
Accountant

SCP/
"Enrolled in Practice Before
the Internal Revenue Service"
Enclosures

Enrolled Agent
Certified Financial Planner™
Accredited Tax Advisor

Office Hours
By Appointment