

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011610

FILED
Jan 03, 2005
Secretary of State

Entity Name: SC SERVICES & ASSOCIATES, INC.

Current Principal Place of Business:

443 N MARION AVE
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3116
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-3623302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BICKNELL, RICHARD R
443 N. MARION AVE.
LAKE CITY, FL 32055 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: PTD () Delete
Name: BICKNELL, RICHARD R DCM
Address: 443 N MARION AVE
City-St-Zip: LAKE CITY, FL 32055

Title: VPD () Delete
Name: CASON, SHERRI
Address: 443 N MARION AVE
City-St-Zip: LAKE CITY, FL 32055

Title: S () Delete
Name: LORD, CHARLES
Address: 443 N MARION AVE
City-St-Zip: LAKE CITY, FL 32055

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:

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: SHERRI CASON

VPD

01/03/2005

Electronic Signature of Signing Officer or Director

Date