

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90017 022 \*\*\*150.00

<b>DOCUMENT # P00000035192</b> 1. Entity Name <b>SCM MARKETING, INC.</b>					
Principal Place of Business <b>12412 SAN JOSE BLVD SUITE 102 JACKSONVILLE, FL 32223</b>			Mailing Address <b>12412 SAN JOSE BLVD SUITE 102 JACKSONVILLE, FL 32223</b>		
2. Principal Place of Business <b>933 Bayside Bluff Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>933 Bayside Bluff Rd</b> Suite, Apt. #, etc.			
City & State <b>Switzerland, FL</b> Zip <b>32259</b>		City & State <b>Switzerland, FL</b> Zip <b>32259</b>		4. FEI Number <b>59-3636934</b>	
Country <b>St. Johns</b>		Country <b>St. Johns</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MORRIS, SANDRA C 12412 SAN JOSE BLVD SUITE 102 JACKSONVILLE, FL 32223</b>			7. Name and Address of New Registered Agent Name <b>Morris, Sandra C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>933 Bayside Bluff Rd</b> City <b>Switzerland</b> <b>FL</b> Zip Code <b>32259</b>		
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 <b>Sandra C. Morris</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>1-9-04</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MORRIS, SANDRA C 12412 SAN JOSE BLVD STE 102 JACKSONVILLE, FL 32223</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Morris, Sandra C. 933 Bayside Bluff Rd. Switzerland, FL 32259</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MORRIS, RICHARD R 12412 SAN JOSE BLVD STE 102 JACKSONVILLE, FL 32223</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Morris, Sandra C. 933 Bayside Bluff Rd Switzerland, FL 32259</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Treas. <b>Morris, Sandra C. 933 Bayside Bluff Rd Switzerland, FL 32259</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>Sandra C. Morris</b> <b>1/9/04</b> <b>904-230-0194</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					