


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P0000058159

1. Entity Name
SCIFO FINANCIAL SERVICES, INC.



Principal Place of Business Mailing Address
1489 PALM COAST PKWY. 1489 PALM COAST PKWY.
STE #5 STE #5
PALM COAST FL 32137 PALM COAST FL 32137



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

SCIFO, JOHN M
1489 PALM COAST PKWY.
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *John M. Scifo* DATE **2/8/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when "Company" is selected.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	CINORELLI, JAMES
STREET ADDRESS	11 CONLEY PLACE
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	VP <input type="checkbox"/> Delete
NAME	SCIFO, ALICE
STREET ADDRESS	31 BANBURY LANE
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	T <input type="checkbox"/> Delete
NAME	SCIFO, JOHN M
STREET ADDRESS	31 BANBURY LANE
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *John M. Scifo* **JOHN M. SCIFO** **2/8/08** **386446044**

Signature and typed or printed name of signing officer or director. Date. Dying Form #