

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058159

FILED
Jan 13, 2009
Secretary of State

Entity Name: SCIFO FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1489 PALM COAST PKWY.
STE #5
PALM COAST, FL 32137

New Principal Place of Business:

1490 PALM COAST PKWY.
STE #5
PALM COAST, FL 32137

Current Mailing Address:

1489 PALM COAST PKWY.
STE #5
PALM COAST, FL 32137

New Mailing Address:

1490 PALM COAST PKWY.
STE #5
PALM COAST, FL 32137

FEI Number: 59-3654789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCIFO, JOHN M
1490 PALM COAST PKWY.
PALM COAST, FL 32137 US

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: JOHN M SCIFO

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CINORELLI, JAMES
Address: 11 CONLEY PLACE
City-St-Zip: PALM COAST, FL 32137

Title: VP () Delete
Name: SCIFO, ALICE
Address: 31 BANBURY LANE
City-St-Zip: PALM COAST, FL 32137

Title: T (X) Delete
Name: SCIFO, JOHN M
Address: 31 BANBURY LANE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCIFO, JOHN M
Address: 31 BANBURY LANE
City-St-Zip: PALM COAST, F 32137

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 exemption stated in Chapter 119, 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: JOHN M SCIFO

PREZ

01/13/2009

Electronic Signature of Signing Officer or Director

Date