

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2004 8:00 am
Secretary of State

05-10-2004 90476 034 ***150.00

DOCUMENT # P01000008923

1. Entity Name
SCAPE-IT, INC



Principal Place of Business
**14490 SW 23 STREET
DAVIE, FL 33325**

Mailing Address
**14490 SW 23 STREET
DAVIE, FL 33325**

66427919



05022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEJ Number **65-1084944** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEARMAS, MARY
14490 SW 23 STREET
DAVIE, FL 33325**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity certifies 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$350.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DEARMAS, MARY
STREET ADDRESS 14490 SW 23 STREET
CITY-ST-ZIP DAVIE, FL 33325

TITLE VP
NAME DEARMAS, KEN
STREET ADDRESS 14490 SW 23 STREET
CITY-ST-ZIP DAVIE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #