

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009954

Entity Name: S.C.C. GROUP, INC.

FILED
Jul 08, 2004
Secretary of State

Current Principal Place of Business:

1002 SE LAKEVIEW DRIVE
SEBRING, FL 33870

New Principal Place of Business:

336 NE LAKEVIEW DRIVE
SEBRING, FL 33870

Current Mailing Address:

1002 SE LAKEVIEW DRIVE
SEBRING, FL 33870

New Mailing Address:

336 NE LAKEVIEW DRIVE
SEBRING, FL 33870

FEI Number: 65-1073544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHOADES, CLIFFORD R
227 N RIDGEWOOD DRIVE
SEBRING, FL 33870

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: D () Delete
Name: MUCKEY, ARTHUR K
Address: 1002 SE LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: OSTROWSKI, DENNIS
Address: 1002 SE LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MULKEY, ARTHUR K
Address: 336 NE LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: D (X) Change () Addition
Name: OSTROWSKI, DENNIS
Address: 336 NE LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

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: DENNIS OSTROWSKI

DR.

07/08/2004

Electronic Signature of Signing Officer or Director

Date