

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000018732

FILED
Jan 06, 2009
Secretary of State

Entity Name: SCI STEVENS COMMUNICATION INC.

Current Principal Place of Business:

PO BOX 2135
SILVER SPRINGS, FL 34489

New Principal Place of Business:

1865 NE JACKSONVILLE ROAD
OCALA, FL 34470

Current Mailing Address:

P.O. BOX 187
OCALA, FL 34478

New Mailing Address:

P.O. BOX 187
OCALA, FL 34478 US

FEI Number: 65-1107686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, A. MARIE
301 SE 49TH AVE.
OCALA, FL 34471 US

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: P () Delete
Name: STEVENS, MARIE A
Address: 301 SE 49TH AVE
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: MCBRIDE, LINDA
Address: 301 SE 49TH AVE.
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STEVENS, A. MARIE
Address: 301 SE 49TH AVE
City-St-Zip: OCALA, FL 34471

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: A. MARIE STEVENS

P

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date