

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000018732

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** SCI STEVENS COMMUNICATION INC.

**Current Principal Place of Business:**

1865 NE JACKSONVILLE ROAD  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 187  
OCALA, FL 34478 US

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STEVENS, A. MARIE  
Address: 301 SE 49TH AVE  
City-St-Zip: Ocala, FL 34471

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

I hereby 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 all other like empowered.

SIGNATURE: LINDA R. MCBRIDE

SEC

04/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date