


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000093386	
1. Entity Name SCAPERS, INC.	

Principal Place of Business 204 WEEPING ELM LANE LONGWOOD, FL 32779	Mailing Address 204 WEEPING ELM LANE LONGWOOD, FL 32779
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MIOUCKI, FREDERICK 204 WEEPING ELM LANE LONGWOOD, FL 32779	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE: <u>Fred Mioducki</u> <u>SCAPERS INC.</u> <u>10/24/05</u>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIOUCKI, FREDERICK A 204 WEEPING ELM LANE LONGWOOD, FL 32779
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	
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 report 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: <u>Fred Mioducki</u> <u>10/24/05</u> <u>407</u> <u>758-3503</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>

FILED
05 OCT 31 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09122005	No Chg-P	CR2E034 (10/03)
4. FEI Number 59-3745685	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

900061045269
10/31/05--01049--008 **150.00

STATEMENT