2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR -5 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120385

1. Entity Name
SCALDI II CORPORATION

Principal Place of Business	Mailing Address
C/O CHARDE, 601 E. ELKCAM CIR., BOX 1488 MARCO ISLAND, FL 34146	C/O CHARDE, 601 E. ELKCAM CIR., BOX 1488 MARCO ISLAND, FL 34146

02282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
60-0000475
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARDE, JOHN J
601 E ELKCAM CIRCLE A2A
MARCO ISLAND, FL 34145

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	OPST
NAME	SHIMEK, ROBERT
STREET ADDRESS	360 COLUMBUS WAY
CITY-ST-ZIP	MARCO ISLAND, FL 34146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000030383200
03/12/04--01050--007 **150.00

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: Robert Shimek 2/29/04 /RS
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Officer/Title

D/P/S/T