


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000119807**

1. Entity Name  
**S C W I, INC.**



Principal Place of Business  
**20 PERUVIAN LANE**  
**ORMOND BEACH FL 32174-1430**

Mailing Address  
**20 PERUVIAN LANE**  
**ORMOND BEACH FL 32174-1430**

2. Principal Place of Business  
 Suite, Apt # etc.

3. Mailing Address  
 Suite, Apt #, etc.

City & State

Zip Country



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**

**AIKEN, WINFRED T JR.**  
**20 PERUVIAN LANE**  
**ORMOND BEACH FL 32174-1430**

4. FEI Number **32-0083637** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	AIKEN, WINFRED T JR.	
STREET ADDRESS	20 PERUVIAN LANE	
CITY - ST - ZIP	ORMOND BEACH FL 32174-1430	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALVERSON, SCOTT A	
STREET ADDRESS	20 PERUVIAN LANE	
CITY - ST - ZIP	ORMOND BEACH FL 32174-1430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000081738	
STREET ADDRESS	03/08/04-80161-007 150.00	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Winfred T. Aiken*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **WINFRED T. AIKEN** *Secretary*  
 Date **3-4-04** Daytime Phone # **386-672-6734**