
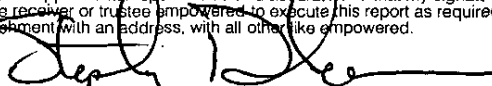


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90002 003 ***150.00

DOCUMENT # P03000009289 1. Entity Name SCD MARKETING, INC.					
Principal Place of Business 478 E. ALTAMONTE DR. SUITE 108 ALTAMONTE SPRINGS, FL 32701			Mailing Address 478 E. ALTAMONTE DR. SUITE 108 ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 01-1440197	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKERSON, STEPHEN C 478 E. ALTAMONTE DR. SUITE 108 ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERSON, STEPHEN C 478 E. ALTAMONTE DR. STE 108 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
SIGNATURE			Date 5/28/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

attachment
44046248

June 2, 2004


Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: SCD Marketing, Inc.
FEIN: 61-1440197
Document Number: P03000009289

To whom it may concern,

I incorporated SCD Marketing Inc. on January 21, 2003. I am trying very hard to keep up with the many reports and documents needed to keep my business active and where it needs to be with all of these forms. I did not know about this particular one as I thought that the only form done to actually keep the business open was the tax returns done annually. I was told that I should have received a reminder in the form of a postcard and do not remember seeing anything from the Florida Department of State about this form. I obtained a copy of the form from your website and am sending you a check for the original 150.00 in hopes that you will forgive me for this, giving that I will promise to look for the postcard next year and file it in a more timely manner.

If you have any further questions, please do not hesitate to contact me at (407) 620-7398. I apologize for any inconvenience. Thank you for your cooperation.


Stephen Dickerson
Owner