## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Jan 09, 2007 08:00 AM **DOCUMENT # P03000085806 Secretary of State** 1. Entity Name THE SCISCO CORPORATION Mailing Address Principal Place of Business 172 KING STREET 172 KING STREET **BOSCAWEN, NH 03303** BOSCAWEN, NH 03303 CR2E034 (11/05) 01042007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2211259 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, JAMES C DO NOT WRITE 4300 BAYOU BLVD SUITE 16 PENSACOLA, FL 32503 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE NAME PIKE, ROBERT J STREET ADDRESS 172 KING STREET U00000578918 01/09/07-80048-015 150.00 CITY-ST-ZIP BOSCAWEN, NH 03303 TITLE STREET ADDRESS CITY-ST-ZIP m F MALE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath; 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.

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NAME STREET ADDRESS CITY-ST-ZIP

Robert J. Pike 1-4-07 (603) 796-2080