

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000134071

FILED
Oct 19, 2004
Secretary of State

Entity Name: SCRAPEN CUSTOMS OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

1416 INTREPID AVENUE
DELAND, FL 32724

New Principal Place of Business:

1521 AIRWAY CIRCLE
NEW SMYRNA, FL 32168

Current Mailing Address:

1416 INTREPID AVENUE
DELAND, FL 32724

New Mailing Address:

1521 AIRWAY CIRCLE
NEW SMYRNA BEACH, FL 32168

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, WILLIAM P III
141 BLUE HERON DR.
APT. D
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUSSELL, WILLIAM P III
Address: 141 BLUE HERON DRIVE, APT. D
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP () Delete
Name: MANN, CHRISTOPHER B
Address: 1152 BARBARA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: SEC () Delete
Name: GRAHAM, JAMES R
Address: 1573 PRIMROSE LANE
City-St-Zip: HOLLY HILL, FL 32117

Title: T () Delete
Name: SCHLACK, SHANE
Address: 2221 WILLOW OAK DRIVE
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM P. RUSSELL III

RA

10/19/2004

Electronic Signature of Signing Officer or Director

Date