

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P14755

1. Entity Name  
SET POINT, INC.



Principal Place of Business

% SCULLY COMPANY  
801 OLD YORK ROAD  
JENKINTOWN, PA 19046

Mailing Address

% SCULLY COMPANY  
801 OLD YORK ROAD  
JENKINTOWN, PA 19046



01232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-2438113

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

U000000147335  
05/03/04-80102-008 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCULLY, MICHAEL A.  
STREET ADDRESS 801 OLD YORK RD.  
CITY- ST- ZIP JENKINTOWN, PA

TITLE S  
NAME CAPINIGRO, LOUISE  
STREET ADDRESS 801 OLD YORK RD.  
CITY- ST- ZIP JENKINTOWN, PA

TITLE TD  
NAME SCULLY, JAMES D., JR.  
STREET ADDRESS 801 OLD YORK RD.  
CITY- ST- ZIP JENKINTOWN, PA

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**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 another, or otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04