

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90084 010 ***150.00

DOCUMENT # P34290	
1. Entity Name S.C.S. CONTRACTORS, INC.	

Principal Place of Business 1965 LOWER ROSWELL RD MARIETTA GA 30068 US	Mailing Address 1965 LOWER ROSWELL RD MARIETTA GA 30068 US
--	--

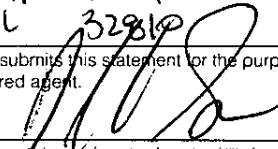
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
SWETMON, DAVID 47 E. ROBINSON STREET SUITE 200 ORLANDO FL 32804 5817 Beqqs Road, #5 Orlando, FL 32810

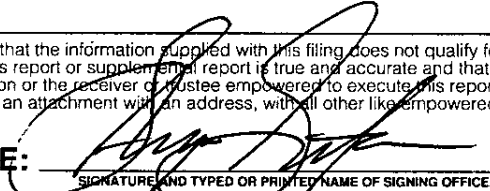
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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  DAVID SWEETMON 4-2-04
(NOTE: Registered Agent signature required when reinstating)

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	☐ Delete
NAME	SWETMON, STEPHEN C.
STREET ADDRESS	5215 TIMBER RIDGE RD
CITY-ST-ZIP	MARIETTA GA 30067
TITLE	☐ Delete
NAME	SWETMAN, DAVID (Sweetmon)
STREET ADDRESS	5810 BENT PINE DR APT 1412
CITY-ST-ZIP	ORLANDO FL 32822
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	1951 Temple Drive
CITY-ST-ZIP	Winter Park, FL 32789
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	Same person - new address only
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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)(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:  Stephen C Sweetmon 3/24/04 770/565 7065
(NOTE: Signature and typed name of signing officer or director)