


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90107 014 ***150.00

DOCUMENT # P93000001040

1. Entity Name
SCANDINAVIAN DESIGN & CONSTRUCTION, INC.



Principal Place of Business
602 NORTH G STREET
D LAKE WORTH, FL 33460 US

Mailing Address
602 NORTH G STREET
D LAKE WORTH, FL 33460 US

64043001

2. Principal Place of Business
602 NORTH G STREET
 Suite, Apt. #, etc.
STE D

3. Mailing Address
8172 AMBACH WAY
 Suite, Apt. #, etc.



04122004 Chg-P CR2E034 (10/03)

City & State
LAKE WORTH FL

City & State
HYPOLUXO FL

Zip
33460 Country
US

Zip
33462 Country
US

4. FEI Number
65-0378739

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MAKI, TOIVO J
3883 AUGUST DRIVE
LAKE WORTH, FL 33461

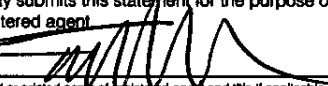
7. Name and Address of New Registered Agent

Name
MAKI TOIVO J.

Street Address (P.O. Box Number is Not Acceptable)
8172 AMBACH WAY

City
HYPOLUXO FL Zip Code
33462

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:  DATE: **04/12/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAKI, TOIVO J 3797 LAKEWOOD RD LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAKI, TOIVO J. 8172 AMBACH WAY HYPOLUXO, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAKI, MARIA-LEENA 3797 LAKEWOOD RD LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAKI, IIRO J 8172 AMBACH WAY HYPOLUXO, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAKI, HIRO J 3797 LAKEWOOD ROAD LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAKI, MARJA-LEENA 8172 AMBACH WAY HYPOLUXO, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **TOIVO MAKI D** DATE: **04/12/2004** (561) 432-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR