

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000024515

Entity Name: SCN CONSULTANTS, INC.

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9226 CROMWELL PARK PLACE  
ORLANDO, FL 32827

**New Principal Place of Business:**

**Current Mailing Address:**

9226 CROMWELL PARK PLACE  
ORLANDO, FL 32827

**New Mailing Address:**

FEI Number: 36-4149822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GOLDMAN, LAWRENCE A  
9226 CROMWELL PARK PLACE  
ORLANDO, FL 32827 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SNELL, LINDA  
Address: 9226 CROMWELL PARK PLACE  
City-St-Zip: ORLANDO, FL 32827

Title: T  
Name: SNELL, GRAHAM  
Address: 9226 CROMWELL PARK PLACE  
City-St-Zip: ORLANDO, FL 32827

Title: S  
Name: GOLDMAN, LAWRENCE  
Address: 9226 CROMWELL PARK PLACE  
City-St-Zip: ORLANDO, FL 32827

I hereby 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 all other like empowered.

SIGNATURE: LINDA SNELL

P

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date