


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000037933 1. Entity Name SCWL, INC.	
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Principal Place of Business 2463 ENTERPRISE RD. CLEARWATER, FL 33763 US	Mailing Address 2463 ENTERPRISE RD. CLEARWATER, FL 33763 US
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3455192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, AL R JR.
4600 W. CYPRESS ST., STE. 500
TAMPA, FL 33607

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAH, PANKAJ 2463 ENTERPRISE RD. CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITLEY, WILLIAM L 2463 ENTERPRISE RD. CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LANZNER, KATHLEEN 2463 ENTERPRISE RD. CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOURNE, TIMOTHY E 2463 ENTERPRISE RD. CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000192203
01/25/05-80009-012 150.00

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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 all other like empowered.

SIGNATURE: *Kathleen C. Lanzner* Kathleen C. Lanzner 01/20/05 727-797-8982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #