
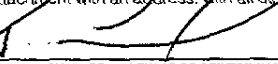


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000107572		
1. Entity Name SCI AUTOMOTIVE PRODUCTS, INC.		
Principal Place of Business 2447 - 5TH AVENUE, SOUTH ST. PETERSBURG, FL 33712		Mailing Address 2447 - 5TH AVENUE, SOUTH ST. PETERSBURG, FL 33712
DO NOT WRITE IN THIS SPACE		
		04212004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0802477		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 MCKALVEY, SCOTT M 2447 - 5TH AVENUE, SOUTH ST. PETERSBURG, FL 33712		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 _____ <small>Signature typed or printed name of registered agent and title (above) (NOTE: Registered Agent's signature required when re-instating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MCKALVEY, SCOTT M 2447 - 5TH AVENUE, SOUTH ST. PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKALVEY, SCOTT M 2447 - 5TH AVENUE, SOUTH ST. PETERSBURG, FL 33712	
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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: 		4-26-04 227-327-2278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #