

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2008 8:00 am**  
**Secretary of State**

07-22-2008 90006 031 \*\*\*150.00

DOCUMENT # P98000041551

1. Entity Name  
SERVICE CONTRACT COMPANY, INC.



Principal Place of Business Mailing Address  
% RUSSELL ALLEN % RUSSELL ALLEN  
PO BOX 1369 PO BOX 1369  
THONOTOSASSA, FL 33592-1369 THONOTOSASSA, FL 33592-1369

60045270



2. Principal Place of Business - No P.O. Box #  
8512 Misty River CT  
Suite, Apt. #, etc. 33637

3. Mailing Address  
Suite, Apt. #, etc.

07142008 Chg-P CR2E034 (12/06)

City & State Tampa, FL  
Zip Country Zip Country

4. FEI Number 59-3511605 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

ALLEN, RUSSELL  
8512 MISTY RIVER COURT  
TAMPA, FL 33637

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME ALLEN, C F  
STREET ADDRESS 8512 MISTY RIVER CT  
CITY-ST-ZIP TAMPA, FL 33637 ☐ Delete

TITLE V  
NAME ALLEN, RUSSELL  
STREET ADDRESS 8512 MISTY RIVER CT  
CITY-ST-ZIP TAMPA, FL 33604 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME Allen, Russell  
STREET ADDRESS 8512 misty River CT  
CITY-ST-ZIP Tampa, FL 33637 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Carolyn Jaye Allen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/08 813-985-7971  
Date Daytime Phone #