

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000019629

1. Entity Name  
SCRAP GOLD, INC.



Principal Place of Business

1023 JOHN SIMS PKWY.  
NICEVILLE, FL 32578

Mailing Address

1023 JOHN SIMS PKWY.  
NICEVILLE, FL 32578



02062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3558222

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HOUCK, WILLIAM J  
4557 KNOLLWOOD LANE  
NICEVILLE, FL 32578

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

U00000062084  
02/23/04-80105-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HOUCK, WILLIAM J
STREET ADDRESS	4557 KNOLLWOOD LANE
CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	HOUCK, SUSAN M
STREET ADDRESS	4557 KNOLLWOOD LANE
CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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:

*Susan M. Houck* (Susan M. Houck)  
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President

Feb. 29 2004 851-678-1411  
Date Daytime Phone #

CK # 9636