


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90064 019 ***150.00

DOCUMENT # P99000023548 1. Entity Name SCIWAVE, INC.			
Principal Place of Business 19200 SAN CARLOS BLVD FORT MYERS BEACH, FL 33931 US		Mailing Address 19200 SAN CARLOS BLVD FORT MYERS BEACH, FL 33931 US	
2. Principal Place of Business 16650 McGregor Blvd Ste 103 Suite, Apt. #, etc. 103 City & State FORT MYERS Zip 33908 Country USA		3. Mailing Address 16650 McGregor Blvd Ste 103 Suite, Apt. #, etc. 103 City & State FORT MYERS Zip 33908 Country USA	
4. FEI Number 65-0902616		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEOHANE, MARIE E 19200 SAN CARLOS BLVD FORT MYERS BEACH, FL 33931		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16650 McGregor Blvd Ste 103 City FORT MYERS FL Zip Code 33908	
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: <u>Marie KEOHANE</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-19-04</u>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS CORDERO, KARLENE A A 19200 SAN CARLOS BLVD. FT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS MICHAEL S KEOHANE 16650 McGregor Blvd., Ste. 103 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KEOHANE, MARIE E 19200 SAN CARLOS BLVD. FT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16650 McGregor Blvd. Ste. 103 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEOHANE, SUANN M 19200 SAN CARLOS BLVD. FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEOHANE, EDWARD L. 16650 McGregor Blvd., Ste. 103 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <u>Marie KEOHANE</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>MARIE KEOHANE</u>	
Date: <u>4-19-04</u>		Daytime Phone #: <u>(239) 590-9990</u>	