

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90042 032 ***150.00

DOCUMENT # P99000059367 1. Entity Name SCM ASSOCIATES, INC.			
Principal Place of Business 15641 SONOMA DR. APT. 307 FORT MYERS FL 33908		Mailing Address 15641 SONOMA DR. APT. 307 FORT MYERS FL 33908	
2. Principal Place of Business 11033 Mill Creek Way Suite, Apt. #, etc. *206		3. Mailing Address 11033 Mill Creek Way Suite, Apt. #, etc. *206	
City & State Ft Myers FL Zip 33913		City & State Ft. Myers, FL Zip 33913	
Country USA		Country USA	
4. FEI Number 65-0933585		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 MERRITT, SUSAN 15641 SONOMA DR. FORT MYERS FL 33908		7. Name and Address of New Registered Agent Name Susan Merritt Acuna Street Address (P.O. Box Number is Not Acceptable) 11033 Mill Creek Way #206 City Ft Myers FL 33913	
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><i>Susan Merritt Acuna</i></u> <u><i>3-16-04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 D <input checked="" type="checkbox"/> Delete NAME MERRITT, SUSAN STREET ADDRESS 15641 SONOMA DR. #307 CITY-ST-ZIP FORT MYERS FL 33908	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Acuna, Susan (Merritt) STREET ADDRESS 11033 Mill Creek Way #206 CITY-ST-ZIP Ft Myers, FL 33913	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input 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><i>Susan Merritt Acuna</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3-16-04</u> Daytime Phone # <u>239-671-4790</u>	