

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S80713

1. Entity Name  
S.C.A. & COMPANY, INC.



Principal Place of Business

324 ROYAL PALM WAY  
STE 231  
PALM BEACH, FL 33480 US

Mailing Address

P.O. BOX 2771  
PALM BEACH, FL 33480 US

FILED

04 APR 29 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0387836

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HAISFIELD, TAMARA  
324 ROYAL PALM WAY  
STE 231  
PALM BEACH, FL 33480

**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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HAISFIELD, AUDREY LEA
STREET ADDRESS	826 BALLARD CANYON RD
CITY-ST-ZIP	SOLVANG, CA 93463
TITLE	STV
NAME	HAISFIELD, TAMARA
STREET ADDRESS	324 ROYAL PALM WAY STE 231
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	HAISFIELD, LISA
STREET ADDRESS	324 ROYAL PALM WAY STE 231
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	HAISFIELD, TRACY
STREET ADDRESS	435 W. MAIN ST
CITY-ST-ZIP	ASPEN, CO 81611
TITLE	D
NAME	HAISFIELD, MICHAEL
STREET ADDRESS	435 W. MAIN ST
CITY-ST-ZIP	ASPEN, CO 81611
TITLE	D
NAME	HAISFIELD, MARK
STREET ADDRESS	324 ROYAL PALM WAY, STE 231
CITY-ST-ZIP	PALM BEACH, FL 33480

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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Marc Haisfield, Director*

4/27/04

Date

5616552829

Daytime Phone #