


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90033 001 ***150.00

DOCUMENT # V24838
 1. Entity Name
 SELECT COURT REPORTERS, INC.



Principal Place of Business
 304 COPPERSTONE CIRCLE
 CASSELBERRY, FL 32707-5860 US

Mailing Address
 P.O. BOX # 560436
 ORLANDO, FL 32856 US

50015725



2. Principal Place of Business
 917 CYPRESSWOOD CT
 Suite, Apt. #, etc.

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

01312005 Chg-P CR2E034 (10/03)

City & State
 WINTER SPRINGS FL

City & State

4. FEI Number
 59-3120887

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 KATZ, SUSAN M
 304 COPPER STONE CIR.
 CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 917 CYPRESSWOOD CT
 City
 WINTER SPRINGS FL Zip Code
 32708

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	DP KATZ, SUSAN 304 COPPER STONE CIR. CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 917 CYPRESSWOOD CT WINTER SPRINGS FL 32708
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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: Susan Katz, SUSAN KATZ 2/14/05 (402) 977-7725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #