2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V32643

1. Entity Name
S. C. L. & SON, INC.

Principal Place of Business	Mailing Address
1608 NEWPORT AVE DELAND, FL 32724	1608 NEWPORT AVE DELAND, FL 32724

DO NOT WRITE IN THIS SPACE

04122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3122600	Not Applicable

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

6. Name and Address of Current Registered Agent

LOSO, STEVEN M
1490 LODGE TERRACE
DELTONA, FL 32738

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	U000000112306 04/14/04--80018-003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	LOSO, STEVEN M
STREET ADDRESS	1490 LODGE TERRACE
CITY-ST-ZIP	DELTONA, FL
TITLE	VT
NAME	LOSO, CAROL
STREET ADDRESS	1490 LODGE TERRACE
CITY-ST-ZIP	DELTONA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____   4-11-04   386 7565773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #