2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V39481

1. Entity Name
SCA SERVICES INC.

Principal Place of Business	Mailing Address
120 SIGUENZA DR	PO BOX 700
GULF BREEZE, FL 32561 US	GULF BREEZE, FL 32562 US

DO NOT WRITE IN THIS SPACE

07062004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3130430	Not Applicable

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

6. Name and Address of Current Registered Agent

ASPERY, STANLEY
120 SIGUENZA DR
GULF BREEZE, FL 32561

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 $550.00
Due by September 8, 2004

9. Election Campaign Financing ☐   **$5.00** May Be Added to Fees
Trust Fund Contribution.

U00000169868
08/12/04-80001-002 550.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ASPERY, STANLEY
STREET ADDRESS	120 SIGUENZA DR
CITY-ST-ZIP	GULF BREEZE, FL 32561

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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: _____   7/10/04

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