


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90758 016 \*\*\*150.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # V46875</b><br>1. Entity Name<br><b>SCCS, INC.</b>   |  |   |  |                |  |
| Principal Place of Business<br><b>108 BUCKEYE LOOP ROAD<br/>WINTER HAVEN, FL 33881</b>  |  |   | Mailing Address<br><b>108 BUCKEYE LOOP ROAD<br/>WINTER HAVEN, FL 33881</b>   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>P.O. Box 1704</b>  |  |   |  |
| City & State<br>Winter Haven FL   |  | 4. FEI Number<br><b>59-3136041</b>  |  |   |  |
| Zip<br><b>33884</b>   |  | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SPEER, ROBERT S<br/>108 BUCKEYE LOOP ROAD<br/>WINTER HAVEN, FL 33881</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Robert S. Speer</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>405 Horseshoe Lane</b><br>City <b>Winter Haven</b> FL Zip <b>33881</b> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE <b>D</b> <input type="checkbox"/> Delete<br>NAME <b>SPEER, ROBERT S</b><br>STREET ADDRESS <b>108 BUCKEYE LOOP ROAD</b><br>CITY-ST-ZIP <b>WINTER HAVEN, FL</b>   |  |   | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME <b>Robert S. Speer</b><br>STREET ADDRESS <b>405 Horseshoe Lane</b><br>CITY-ST-ZIP <b>Winter Haven, FL 33881</b> |   |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
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| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>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. |  |   |  |   |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   |  | <b>4/29/04</b><br>Date Daytime Phone #  |  |