

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002514

Entity Name: SCIBAL ASSOCIATES, INC.

FILED
Apr 07, 2008
Secretary of State

Current Principal Place of Business:

23 MAYS LANDING ROAD
SOMERS POINT, NJ 08244

New Principal Place of Business:

Current Mailing Address:

PO BOX 188
SOMERS POINT, NJ 08244

New Mailing Address:

FEI Number: 22-2483867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVOLIO, ROBERT P
AVOLIO & HANLON, P.C.
2730 U.S. #1 SOUTH STE. J
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SCIBAL, DAVID A
Address: 23 MAYS LANDING ROAD
City-St-Zip: SOMERS POINT, NJ 08244

Title: VCVP () Delete
Name: SCIBAL, STEPHEN J
Address: 4 E. VERNON AVENUE
City-St-Zip: NORTHFIELD, NJ 08225

Title: DST () Delete
Name: DODS, REYNOLDS
Address: 105 ARLINGTON AVENUE
City-St-Zip: LINWOOD, NJ 08221

Title: D () Delete
Name: BASIL, TOM JR
Address: 422 COVENTRY WAY
City-St-Zip: GALLOWAY, NJ 08205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REYNOLDS DODS

DST

04/07/2008

Electronic Signature of Signing Officer or Director

Date