


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000013385**

1. Entity Name  
 SPACE WALK OF FLORIDA, INC.



Principal Place of Business 450 31ST ST. KENNER, LA 70065	Mailing Address 450 31ST ST. KENNER, LA 70065
---	---

**DO NOT WRITE IN THIS SPACE**



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2377336	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS, INCORPORATED  
 660 EAST JEFFERSON STREET  
 TALLAHASSEE, FL 32301-0000

**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 \_\_\_\_\_ 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, 2004 Fee will be \$550.00**

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

U00000077910  
 03/08/04-80006-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCURLOCK, FRANK M 450 31ST ST KENNER, LA 70065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCURLOCK, PATRICIA M 450 31ST STREET KENNER, LA 70065
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: \_\_\_\_\_ Date: 3/2/2004 Daytime Phone #: 504/454-6006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR