

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F80594

1. Entity Name

SCANCOR, INC.



Principal Place of Business

5270 GULF OF MEXICO DR.
STE 501
LONGBOAT KEY FL 34228

Mailing Address

5270 GULF OF MEXICO DR.
STE 501
LONGBOAT KEY FL 34228



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

4. FCI Number

98-0053307

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMBRECHT, WILLIAM G.
200 S ORANGE AVE
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME JORGENSEN, PETER
STREET ADDRESS 136 NORMANDIE
CITY-ST-ZIP ST. LAMBERT, QUEBEC

TITLE SD ☐ Delete
NAME JORGENSEN, METTE
STREET ADDRESS 136 NORMANDIE
CITY-ST-ZIP ST. LAMBERT, QUEBEC

TITLE D ☐ Delete
NAME JORGENSEN, ANNEMETTE
STREET ADDRESS 488 BROUGHTON ST #2106
CITY-ST-ZIP VANCOUVER BC

TITLE D ☐ Delete
NAME WILLIAMSON, TRISSE
STREET ADDRESS 1331 BENT CREEK RD
CITY-ST-ZIP BOGART GA 30621

TITLE DV ☐ Delete
NAME JORGENSEN, STEEN
STREET ADDRESS 136 NORMANDIE
CITY-ST-ZIP ST. LAMBERT, QUEBEC

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS 1880000419622
CITY-ST-ZIP 02/15/06-80016-004 150.00

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

PETER A. JORGENSEN

FEBR. 1 / 06

941-383-1134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #