

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90053 023 \*\*\*150.00

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

98-0053307

Applied For

Not Applicable

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	JORGENSEN, PETER	
STREET ADDRESS	136 NORMANDIE	
CITY-ST-ZIP	ST. LAMBERT, QUEBEC	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JORGENSEN, METTE	
STREET ADDRESS	136 NORMANDIE	
CITY-ST-ZIP	ST. LAMBERT, QUEBEC	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORGENSEN, ANNEMETTE	
STREET ADDRESS	488 BROUGHTON ST #2100 1288 LORDOVA STREET	
CITY-ST-ZIP	VANCOUVER BC V6C 3R3 Suite 1705	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMSON, TRISSE	
STREET ADDRESS	1331 BENT CREEK RD	
CITY-ST-ZIP	BOGART GA 30621	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JORGENSEN, STEEN	
STREET ADDRESS	136 NORMANDIE	
CITY-ST-ZIP	ST. LAMBERT, QUEBEC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/08

Date

741-383-1134

Daytime Phone #