2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# H23613

Entity Name: S. C. TWO OPERATING COMPANY

Current Principal Place of Business:

P O BOX 951966
LAKE MARY, FL 32795

New Principal Place of Business:

118 EASTERN FORK
LONGWOOD, FL 32750

Current Mailing Address:

118 EASTERN FORK
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-2461478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARLICK, THOMAS B.
1100 FIFTH AVENUE SOUTH
SUITE 410, COMMERCE BUILDING
NAPLES, FL 33940 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: P ( ) Delete
Name: NASH, STEPHEN,
Address: 118 EASTERN FORK
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Delete
Name: NASH, CHARLEEN
Address: 118 EASTERN FORK
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NASH, STEPHEN
Address: 118 EASTERN FORK
City-St-Zip: LONGWOOD, FL 32750

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: STEPHEN NASH PRES 01/05/2009

Electronic Signature of Signing Officer or Director — Date