

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H49815**

1. Entity Name  
**SHOPPING CENTER MARKETING GROUP, INC.**



Principal Place of Business  
**P. O. BOX 1488  
LARGO, FL 33779 US**

Mailing Address  
**P. O. BOX 1488  
LARGO, FL 33779 US**

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2520489**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RALEY, DOUGLAS  
109 25TH STREET  
BELLEAIR BEACH, FL 33786**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                 |                  |
|-----------------|------------------|
| TITLE           | DP               |
| NAME            | RALEY, DOUGLAS   |
| STREET ADDRESS  | 109 25TH ST      |
| CITY - ST - ZIP | BELLEAIR BCH, FL |
| TITLE           | D                |
| NAME            | RALEY, AUDREY T. |
| STREET ADDRESS  | 19 25TH ST       |
| CITY - ST - ZIP | BELLEAIR BCH, FL |
| TITLE           |                  |
| NAME            |                  |
| STREET ADDRESS  |                  |
| CITY - ST - ZIP |                  |
| TITLE           |                  |
| NAME            |                  |
| STREET ADDRESS  |                  |
| CITY - ST - ZIP |                  |
| TITLE           |                  |
| NAME            |                  |
| STREET ADDRESS  |                  |
| CITY - ST - ZIP |                  |

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-586-1000