


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90434 020 \*\*\*150.00

<b>DOCUMENT # M88976</b> 1. Entity Name <b>SCHERER COMMERCIAL GROUP, INC.</b>					
Principal Place of Business <b>P.O. BOX 530398</b> <b>ST. PETERSBURG, FL 33747 US</b>			Mailing Address <b>P.O. BOX 530398</b> <b>ST PETERSBURG, FL 33747</b>		
2. Principal Place of Business - No P.O. Box # <b>6103 PASADENA PT. BLVD S.</b>		3. Mailing Address <b>6103 PASADENA PT. BLVD S.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>GULFPORT, FL</b>		City & State <b>GULFPORT, FL.</b>		4. FEI Number <b>59-2901448</b>	
Zip <b>33707</b>		Country <b>PINELLAS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SCHERER, WILLIAM K</b> <b>2815 KAVALIER DR</b> <b>PALM HARBOR, FL 34684</b>			7. Name and Address of New Registered Agent Name <b>SCHERER, WILLIAM K</b> Street Address (P.O. Box Number is Not Acceptable) <b>3125 DUPONT ST</b> City <b>GULFPORT</b> <b>FL</b> Zip Code <b>33707</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SCHERER, CLARK H JR. 2815 KAVALIER DR PALM HARBOR, FL 34684		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SCHERER, CLARK H. JR. 6103 PASADENA PT. BLVD. S. GULFPORT, FL. 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Clark H. Scherer, Jr.</u> <b>CLARK H. SCHERER, JR</b> <u>4/25/07</u> <u>727-345-4060</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					