


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90010 025 ****61.25

DOCUMENT # N32526 1. Entity Name SCHEER COMMERCE PARK MERCHANTS ASSOCIATION, INC.	
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Principal Place of Business 2210 DENSTINY WAY #1 ODESSA, FL 33556 US	Mailing Address 2210 DENSTINY WAY #1 ODESSA, FL 33556 US
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2890876	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WEATHERFORD, WILLIAM S 2210 DENSTINY WAY ODESSA, FL 33556	<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 restating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, RICHARD W 2535 SUCCESS DR ODESSA, FL 33556 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PERKINS, WANDA 2210 DESTINY WAY ODESSA, FL 33556 <i>change to: Michael GIALHOURAKIS</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, WEATHERFORD S 2210 DESTINY WAY ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOVEIL, WILLIAM 2535 SUCCESS DRIVE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 617, 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: *X [Signature]* 4/23/08 (727) 372-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR