


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90053 037 ***150.00

DOCUMENT # P01000059920 1. Entity Name SDC COMMUNITIES, INC.					
Principal Place of Business 2718 CASEY KEY RD NOKOMIS, FL 34275 US			Mailing Address P.O. BOX 579 OSPREY, FL 34229 US		
2. Principal Place of Business - No P.O. Box <i>2111 S. Samiami Trail</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Osprey, FL</i>		City & State <i>Same</i>			
Zip <i>34229</i>		Country <i>Florida</i>		4. FEI Number 59-3732681	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PERKINS, KRISTEEN 254 MIAMI AVE W VENICE, FL 34285			7. Name and Address of New Registered Agent Name <i>Eric Robinson</i> Street Address (P.O. Box Numbers Not Acceptable) <i>133 S. Harbor Drive</i> City <i>Venice</i> FL Zip Code <i>34285</i>		
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 <i>[Signature]</i> (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. <input type="checkbox"/> \$5.00 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	DPT RODRIGUEZ, HENRY P.O. BOX 579 OSPREY, FL 34229		<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"/> Change <input type="checkbox"/> Addition		
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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.					
SIGNATURE: <i>[Signature]</i> HENRY RODRIGUEZ <i>4/2/08</i> <i>941-966-4333</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					