

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90344 028 ***150.00

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1. Entity Name

S.C.F. DISTRIBUTING, INC.



Principal Place of Business

~~120 CHERRY HILL CIRCLE~~
LONGWOOD FL 32779

Mailing Address

~~120 CHERRY HILL CIRCLE~~
LONGWOOD FL 32779



2. Principal Place of Business

615 Fox Valley DR
Suite, Apt. #, etc.

3. Mailing Address

615 Fox Valley DR
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Longwood FL
Zip 32779 Country USA

City & State

Longwood FL
Zip 32779 Country USA

4. FEI Number

51-0416270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PELTO, WALFRED
~~120 CHERRY HILL CIRCLE~~
~~4TH FLOOR~~
~~LONGWOOD FL 32779~~

615 Fox Valley DR
Longwood FL
32779

7. Name and Address of New Registered Agent

Name PELTO, Walfred

Street Address (P.O. Box Number is Not Acceptable)

615 Fox Valley DR

City Longwood

FL

Zip Code 32779

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME PELTO, Walfred
STREET ADDRESS ~~120 CHERRY HILL CIRCLE~~ 615 Fox Valley DR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE VSD ☐ Delete
NAME PELTO, MELINDA
STREET ADDRESS ~~120 CHERRY HILL CIRCLE~~ 615 Fox Valley DR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ST ☒ Delete
NAME KUDBIK, DIANE
STREET ADDRESS 120 CHERRY HILL CR.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☐ Addition
NAME Pelto, Walfred
STREET ADDRESS 615 Fox Valley DR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE VP ☐ Change ☐ Addition
NAME Pelto, Melinda
STREET ADDRESS 615 Fox Valley DR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Melinda Pelto Melinda Pelto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 774 6065