

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90356 032 ***150.00

DOCUMENT # P03000038862

1. Entity Name
SCOG CORPORATION



Principal Place of Business
**1514 NE 4TH AVE
FORT LAUDERDALE, FL 33304**

Mailing Address
**1514 NE 4TH AVE
FORT LAUDERDALE, FL 33304**



01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1160280	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCOG, THOMAS F
13354 ORANGE GROVE BLVD
WEST PALM BEACH, FL 33411**

**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 _____

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOG, THOMAS 13354 ORANGE GROVE BLVD WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 #

3-26-6 754-522-5988