

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000041890

**Entity Name:** SDC SERVICES II, INC.

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1511 TAYLOR AVENUE  
COLEMAN, FL 33521

**New Principal Place of Business:**

**Current Mailing Address:**

221 N. CAUSEWAY  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 01-0785497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPENCE, HAL  
221 N. CAUSEWAY  
NEW SMYRNA BEACH, FL 32169 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SPENCE, HAL  
**Address:** 221 N. CAUSEWAY  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32169

**Title:** TD  
**Name:** TROIAN, TIMOTHY  
**Address:** 313 DUE EAST  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32169

**Title:** VPSD  
**Name:** ARENAS, FRANK  
**Address:** 1511 TAYLOR AVENUE  
**City-St-Zip:** COLEMAN, FL 33521

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** HAL SPENCE

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03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date