

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90019 039 ***150.00

DOCUMENT # P03000133276

1. Entity Name
SCANDASUN, INC.



Principal Place of Business
**215 MARION WAY
MAITLAND, FL 32751**

Mailing Address
**215 MARION WAY
MAITLAND, FL 32751**

40000000



DO NOT WRITE IN THIS SPACE

03092007 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0119250

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAUCK, WALTER
215 MARION WAY
MAITLAND, FL 32751**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAUCK, WALTER
STREET ADDRESS	215 MARION WAY
CITY - ST - ZIP	MAITLAND, FL 32751
TITLE	VP
NAME	BRICKSEN, FAYE
STREET ADDRESS	215 MARION WAY
CITY - ST - ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

→ wrong spelling
should be
ERICKSEN

**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

FAYE ERICKSEN

03-09-07 407-629-1685

Date

Daytime Phone #