


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90026 042 ***150.00

DOCUMENT # P03000134034 1. Entity Name SCM ENTERPRISES INC					
Principal Place of Business 983 CHARLOTTE AVE SARASOTA, FL 34237 US			Mailing Address 1569 SHADOW RIDGE CIR SARASOTA, FL 34240 US		
2. Principal Place of Business - No P.O. Box # 2393 SW Gator Trl		3. Mailing Address Suite, Apt. #, etc.			
City & State Arcadia FL		City & State Suite, Apt. #, etc.		01162008 Chg-P CR2E034 (12/06)	
Zip 34264		Country		4. FEI Number 20-0403022	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, SCOTT L 983 CHARLOTTE AVE SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2393 SW Gator Trl City Arcadia FL 34264		
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 _____ (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	DP MILLER, SCOTT L 983 CHARLOTTE AVE SARASOTA, FL 34237		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2393 SW Gator Trl Arcadia FL 34264	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MILLER, CHARITY 983 CHARLOTTE AVE SARASOTA, FL 34237		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2393 SW Gator Trl Arcadia FL 34264	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> Delete		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: Scott L Miller Scott L Miller 2-16-08 941-232-8734 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					