

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000065664

1. Entity Name
SHOPPING CENTER CONCEPTS, INC.



Principal Place of Business
300 5TH AVE SO
101-302
NAPLES, FL 34102 US

Mailing Address
300 5TH AVE SO
101-302
NAPLES, FL 34102 US

40094557



DO NOT WRITE IN THIS SPACE

02162007 No Chg-P CR2E034 (11/05)

4. FEI Number
54-2149824

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

U
HELMUT, FRITSCH
300 5TH AVE S #101-302
NAPLES, FL 34102

**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

Helmut Fritsch

2/28/07

**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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
FRITSCH, ~~MIKE~~ Helmut
300 5TH AVE S, # 101-302
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
FRITSCH, KIRSTEN
300 5TH AVE S, # 101-302
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

[Signature]

2/28/07

234-2633080