

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000063455

1. Entity Name
SC UNDERGROUND SERVICES, INC.



Principal Place of Business
2270 LERYL AVENUE
NORTH PORT, FL 34286

Mailing Address
2270 LERYL AVENUE
NORTH PORT, FL 34286



07102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2796774	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROSS, SCOTT A
2270 LERYL AVENUE
NORTH PORT, FL 34286

**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 retreating)

DATE

000000771889
08/10/07-80005-004 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CROSS, SCOTT A
STREET ADDRESS	2270 LERYL AVENUE
CITY-ST-ZIP	NORTH PORT, FL 34286

TITLE	VP
NAME	CROSS, DOREEN L
STREET ADDRESS	2270 LERYL AVENUE
CITY-ST-ZIP	NORTH PORT, FL 34286

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

8-6-07

Date

941-290-6000

Daytime Phone #