


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90147 005 \*\*\*150.00

<b>DOCUMENT # P06000039985</b> 1. Entity Name SCFG, INC.					
Principal Place of Business 32802 US HWY 19 NORTH, SUITE 100 PALM HARBOR, FL 34684			Mailing Address 32802 US HWY 19 NORTH, SUITE 100 PALM HARBOR, FL 34684		
2. Principal Place of Business - No P.O. Box # <b>32801 US HWY 19 NORTH</b>		3. Mailing Address <b>32801 US HWY 19 NORTH</b>			
Suite, Apt. #, etc. <b>SUITE 100</b>		Suite, Apt. #, etc. <b>SUITE 100</b>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-4534518</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  WHITE, LANGFRED W ESQ. 32801 US HWY 19 NORTH, SUITE 100 PALM HARBOR, FL 34684			7. Name and Address of New Registered Agent Name <b>ICC FILING + SEARCH SERVICES, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1574 VILLAGE SQUARE BLVD. #100</b> City <b>TALLAHASSEE</b> FL <b>32309</b>		
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 <b>Alison Hand, ASST SEC</b> DATE <b>4/11/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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	PCEO PLANES, WILLIAM 32802 US HWY 19 NORTH, SUITE 100 PALM HARBOR, FL 34684		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, CEO 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT PLANES, REGINA M 32802 US HWY 19 NORTH, SUITE 100 PALM HARBOR, FL 34684		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPS WHITE, LANGFRED W 32802 US HWY 19 NORTH, SUITE 100 PALM HARBOR, FL 34684		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY 32815 U.S. HWY. 19 NO. PALM HARBOR, FL 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROWN, SHEAWN K 32802 US HWY 19 NORTH, SUITE 100 PALM HARBOR, FL 34684		TITLE NAME STREET ADDRESS CITY - ST - ZIP	32801 <input checked="" 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	SR. VP PAUL AIELLO 32801 US HWY 19 NORTH, SUITE 100 PALM HARBOR, FL 34684 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREAS, D WILLIAM PLANES II 32801 US HWY 19 NORTH, SUITE 100 PALM HARBOR, FL 34684 <input type="checkbox"/> Change <input checked="" 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: <b>William Planes II</b> Date <b>4/10/2007</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ICC885