## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000039985

Entity Name: SCFG, INC.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684							
Current Mailing Address:			New Mai	New Mailing Address:			
32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684							
FEI Number: 20-4534518 FEI Number Applied For ( )		FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )			
Name and	Address of Cu	rrent Registered Agent:	Name an	d Address of	New Registered Ager	nt:	
UCC FILING & SEARCH SERVICES INC. 1574 VILLAGE SQUARE BLVD #100 TALLAHASSEE, FL 32309 US							
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.							
SIGNATURE:							
Electronic Signature of Registered Agent			t	Date			
Election Cam	paign Financing 1	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DCEO () D PLANES, WILLIA 32801 US HWY 1 PALM HARBOR, I	9 N	Title: Name: Address: City-St-Zip:		()Change ()Addition		
Title: Name: Address: City-St-Zip:	DP () DP PLANES, REGINA 32801 US HWY 1 PALM HARBOR, I	9 N	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	S () D WHITE, LANGFRI 32815 U.S. HWY PALM HARBOR, I	19 NO.	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP () D BROWN, SHEAW 32801 US HWY 1 PALM HARBOR, I	9 N	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SRVP () D AIELLO, PAUL 32801 US HWY 1 PALM HARBOR, I		Title: Name: Address: City-St-Zip:	AIELLO, PAU 32801 US HV			
Title: Name: Address: City-St-Zip:	PLANES, WILLIA	9 NORTH SUITE 100	Title: Name: Address: City-St-Zip:	PLANES, WII 32801 US HV	(X) Change ()Addition LLIAM II WY 19 NORTH SUITE 100 DR, FL 34684		
I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.							

SIGNATURE: LANGFRED W. WHITE

Electronic Signature of Signing Officer or Director

04/24/2009 Date

S