

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90227 048 ***150.00

DOCUMENT # P06000048694

1. Entity Name
SC VILLAGE CORPORATION



Principal Place of Business
**16970-3 BOX 221 SAN CARLOS BLVD
FT MYERS, FL 33908**

Mailing Address
**16970-3 BOX 221 SAN CARLOS BLVD
FT MYERS, FL 33908**

60043103



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192007 Chg-P CR2E034 (12/06)

4. FEI Number **02-0771504**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWAN, LAWRENCE
1749 NW 10TH TERR UNIT 4
CAPE CORAL, FL 33909**

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

709 CAPE CORAL PKWY WEST

City **CAPE CORAL**

FL

Zip Code **33914**

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

Lawrence Swan
Signature, typed or printed name of registered agent and title if applicable.

Lawrence Swan
(NOTE: Registered Agent signature required when reissuing)

4/20/07
DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ST CLAIR, RONALD**
CITY-ST-ZIP **16970-3 BOX 221 SAN CARLOS BLVD
FT MYERS, FL 33908**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VSTD**
STREET ADDRESS **ST CLAIR, RONALD**
CITY-ST-ZIP **16970-3 BOX 221 SAN CARLOS BLVD
FT MYERS, FL 33908**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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: *Ronald St. Clair, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-07 *239 297 4751*
Date Daytime Phone #