



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90332 045 ***150.00

DOCUMENT # P06000067739 1. Entity Name S.F.C. GROUP, INC.					
Principal Place of Business 1260 BELLE AVE #207 WINTER SPRINGS, FL 32708			Mailing Address 1260 BELLE AVE #207 WINTER SPRINGS, FL 32708		
2. Principal Place of Business - No P.O. Box # 130 E. EVERGREEN Suite, Apt. #, etc. SUITE 100		3. Mailing Address 130 E. EVERGREEN Suite, Apt. #, etc. SUITE 100			
City & State LONGWOOD, FL		City & State LONGWOOD, FL		4. FEI Number 87-0771440	
Zip 32750		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRMAN, WILLIAM 18950 US HWY 441 #101 MOUNT DORA, FL 32757				7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>WILLIAM HERRMAN</u> DATE <u>4-23-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	P LEWIS, H. T 1260 BELLE AVE # 207 WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, H. T. 130 E. EVERGREEN, SUITE 100 LONGWOOD, FL. 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LEWIS, H. T 1260 BELLE AVE #207 WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LEWIS, H. T. 130 E. EVERGREEN, SUITE 100 LONGWOOD, FL. 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Change <input 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 it 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: <u>W. T. Lewis, PRES.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-23-08</u> Daytime Phone # <u>866-356-2714</u>		