

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000075516

1. Entity Name
SC DANIELS CORPORATION



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

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



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0778190	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SWAN, LAWRENCE
709 CAPE CORAL PKWY WEST
CAPE CORAL, FL 33914**

**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

Lawrence Swan

LAWRENCE SWAN

4-22-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000934242
05/23/08-80024-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ST CLAIR, RONALD
STREET ADDRESS	16970-3 BOX 221 SAN CARLOS BLVD
CITY-ST-ZIP	FORT MYERS, FL 33908

TITLE	VST
NAME	ST CLAIR, RONALD
STREET ADDRESS	16970-3 BOX 221 SAN CARLOS BLVD
CITY-ST-ZIP	FORT MYERS, FL 33908

TITLE	
NAME	
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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 officers empowered.

SIGNATURE:

Ronald St Clair

RONALD ST CLAIR

4-22-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #