

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000045589

1. Entity Name  
STRATEGY CONSULTANCY GROUP, INC



Principal Place of Business  
4000 N STATE RD 7 SUITE 402  
LAUDERDALE LAKES, FL 33319

Mailing Address  
4000 N STATE RD 7 SUITE 402  
LAUDERDALE LAKES, FL 33319

2. Principal Place of Business, No P.O. Box #  
3210 Crystal Way  
Suite, Apt. #, etc.

3. Mailing Address  
3210 Crystal Way  
Suite, Apt. #, etc.



04052008 Chg-P CR2E034 (12/06)

City & State  
MIRAMAR, FLORIDA  
Zip  
33025  
Country  
BROWARD

City & State  
MIRAMAR, FLORIDA  
Zip  
33025  
Country  
BROWARD

4. FEI Number Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PEDLAR, GEORGE S  
4000 N STATE RD 7 SUITE 402  
LAUDERDALE LAKES, FL 33319

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PEDLAR, GEORGE S  
STREET ADDRESS 4000 N STATE RD 7 SUITE 402  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 3210 CRYSTAL WAY  
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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: George Pedlar 2-20-09 954-602-099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
09 MAY 22 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A2Hear