

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076300

Entity Name: SC AND NC, INC.

FILED  
Jan 20, 2011  
Secretary of State

**Current Principal Place of Business:**

4929 SW 17TH PLACE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

561 W. DIVERSEY PKWY ATTN: WALLY DUNN  
STE. 204  
CHICAGO, IL 60614

**New Mailing Address:**

561 W. DIVERSEY PKWY  
204  
CHICAGO, IL 60614

FEI Number: 26-0466681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CANALE, SALVATORE  
4929 SW 17TH PLACE  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CANALE, SALVATORE  
Address: 4929 SW 17TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: V  
Name: CANALE, NICOLETTA  
Address: 4929 SW 17TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: S  
Name: CANALE, NICOLE  
Address: 4929 SW 17TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: T  
Name: CANALE, VALERIE  
Address: 4929 SW 17TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: SALVATORE CANALE

PRES

01/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date