## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000022833

Entity Name: SCADCO, INC.

FILED Feb 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8359 BEACON BLVD 15051 S. TAMIAMI TRAIL

SUITE 505 SUITE 203

FT. MYERS, FL 33907 FORT MYERS, FL 33907 US

Current Mailing Address: New Mailing Address:

8359 BEACON BLVD 15051 S. TAMIAMI TRAIL

SUITE 505 SUITE 203

FT. MYERS, FL 33907 FORT MYERS, FL 33907 US

FEI Number: 26-2100495 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

ROMERO, RICARDO ROMERO, RICARDO 9704 BAY HARBOUR CIRCLE

8359 BEACON BLVD 9704 BAY HARBOUR CIRCLE SUITE 505 FT. MYERS, FL 33919 US FT. MYERS, FL 33907 US

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: RICARDO ROMERO 02/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution (X).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete Title: PTSD (X) Change ( ) Addition Name: ROMERO, RICARDO Name: ROMERO, RICARDO

Address: 8359 BEACON BLVD., STE. 505 Address: 9704 BAY HARBOUR CIRCLE
City-St-Zip: FT. MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33919 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: PINEDA, CLAUDIA P Name: PINEDA, CLAUDIA P

Address: 8359 BEACON BLVD, STE. 505 Address: 9704 BAY HARBOUR CIRCLE
City-St-Zip: FT. MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33919 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 JUAREZ, MARIO E
 Name:
 JUAREZ, MARIO E

 Address:
 4204 LIRON AVE
 Address:
 8461 BUENA VISTA ROAD

 City-St-Zip:
 FT MYERS, FL 33916
 City-St-Zip:
 FORT MYERS, FL 33967 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICARDO ROMERO PTSD 02/23/2009