

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000064004

Entity Name: SCCL, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

19126 PHILLIPS ROAD  
MASARYKTOWN, FL 34604 US

**New Principal Place of Business:**

**Current Mailing Address:**

19126 PHILLIPS ROAD  
MASARYKTOWN, FL 34604 US

**New Mailing Address:**

FEI Number: 80-0457181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'HEARN, JUDY B  
19126 PHILLIPS ROAD  
MASARYKTOWN, FL 34604 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: PD  
Name: O'HEARN, PHILLIP M  
Address: 19126 PHILLIPS ROAD  
City-St-Zip: MASARYKTOWN, FL 34604 US

Title: STD  
Name: O'HEARN, JUDY B  
Address: 19126 PHILLIPS ROAD  
City-St-Zip: MASARYKTOWN, FL 34604 US

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: JUDY O'HEARN

STD

04/26/2011

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

\_\_\_\_\_  
Date