2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P26201

1. Entity Name
SCANAMERICAN HOLDINGS CORPORATION

Principal Place of Business	Mailing Address
369 N NEW YORK AVE 3RD FLOOR WINTER PARK, FL 32789 US	369 N NEW YORK AVE 3RD FLOOR WINTER PARK, FL 32789 US

DO NOT WRITE IN THIS SPACE

01062007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3542122
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUILDER JR, J LINDSAY
369 N NEW YORK AVE 3RD FL
ORLANDO, FL 32789

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SJOSTROM, OLOF
STREET ADDRESS	BLASIEHOLMSGATAN 4A
CITY-ST-ZIP	S-103 29 STOCKHOLM, SW
TITLE	STD
NAME	BOSELL, JAN-AKE
STREET ADDRESS	BOX 10 221
CITY-ST-ZIP	100 55 STOCKHOLM, SW
TITLE	P
NAME	JOHANNES, DALE
STREET ADDRESS	1551 WATERWITCH DR.
CITY-ST-ZIP	ORLANDO, FL. 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/07-80043-009 150.00

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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: _____ 4-7-07 4078500796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Johannes Date Daytime Phone #