


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000101863</b>	
1. Entity Name <b>SCE ENTERPRISES INC.</b>	

Principal Place of Business <b>11411 DICKEY LANE CAPTIVA, FL 33924 US</b>	Mailing Address <b>P.O. BOX 126 CAPTIVA, FL 33924 US</b>
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**DO NOT WRITE IN THIS SPACE**

02182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0801194**

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**SMITH, ELAINE  
11411 DICKEY LANE  
CAPTIVA, FL 33924**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ELAINE 11411 DICKEY LANE CAPTIVA, FL 33924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, CHARLES 11411 DICKEY LANE CAPTIVA, FL 33924
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UDD0000833481  
02/28/08-80014-018 150.00

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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:** Elaine A. Smith **ELAINE A. SMITH** 2/18/08 239-395-2490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #