

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000079328	
1. Entity Name SCL ENTERPRISES, INC.	



Principal Place of Business 1007 STUCKI TERRACE WINTER GARDEN, FL 33787-4296 US	Mailing Address 1007 STUCKI TERRACE WINTER GARDEN, FL 33787-4296 US
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04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3724763	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WILDER, CHARLIE MAE
1007 STUCKI TERRACE
WINTER GARDEN, FL 33787-4298**

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 _____ DATE _____

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM WILDER, CHARLIE MAE 1007 STUCKI TERRACE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILDER, SAWARKE D 1007 STUCKI TERRACE WINTER GARDEN, FL 33787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DRUMMER, LAQUENTA D 1007 STUCKI TERRACE WINTER GARDEN, FL 337874298
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO DRUMMER, SANDRA F 508 LONG POINT CT. CHESAPEAKE, VA 23322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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05/02/05-80091-001 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), Florida Statutes. I further certify that the information disclosed 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 empowerments.

SIGNATURE: *Charlie Mae Wilder* **Charlie Mae Wilder** **4-26-05** **407 654-0515**

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