2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State
05-11-2007 90046 001 ***100.00
05-11-2007 90046 002 ****58.75

DOCUMENT # P98000079328

1. Entity Name
SCL ENTERPRISES, INC.

Principal Place of Business
~~1007 STUCKI TERRACE~~ 284 11th St.
WINTER GARDEN, FL 33787-~~4296~~ US

Mailing Address
~~1007 STUCKI TERRACE~~ 284 11th St.
WINTER GARDEN, FL 33787-~~4296~~ US

04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3724763
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILDER, CHARLIE MAE
~~1007 STUCKI TERRACE~~ 284 11th. St.
WINTER GARDEN, FL 33787-~~4298~~

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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 $160.00
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	DM
NAME	WILDER, CHARLIE MAE
STREET ADDRESS	~~1007 STUCKI TERRACE~~ 284 11th Street
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	VP
NAME	WILDER, SAWARKE D
STREET ADDRESS	~~1007 STUCKI TERRACE~~ 284 11th Street
CITY-ST-ZIP	WINTER GARDEN, FL 33787
TITLE	ST
NAME	DRUMMER, LAQUENTA D
STREET ADDRESS	1007 STUCKI TERRACE
CITY-ST-ZIP	WINTER GARDEN, FL 337874296
TITLE	PD
NAME	DRUMMER, SANDRA F
STREET ADDRESS	508 LONG POINT CT.
CITY-ST-ZIP	CHESAPEAKE, VA 23322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Charlie Mae Wilder Charlie Mae Wilder Executive Director 4/25/07 407 656-8325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #