


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90015 018 \*\*\*158.75

**DOCUMENT # F95000004844**

1. Entity Name  
 SKYLER MEDICAL SUPPLIES, INC.



Principal Place of Business: ~~2N PALAFOX SR~~  
 PENSACOLA, FL ~~32501~~ US

Mailing Address: ~~2N PALAFOX SR~~  
 PENSACOLA, FL ~~32501~~ US

2. Principal Place of Business: 2 N. Palafox St.  
 Suite, Apt. #, etc.


3. Mailing Address: 2 N. Palafox St.  
 Suite, Apt. #, etc.

City & State: \_\_\_\_\_

City & State: \_\_\_\_\_

Zip: 32502 Country: \_\_\_\_\_

Zip: 32502 Country: \_\_\_\_\_



01122004 Chg-P CR2E034 (10/03)

4. FEI Number: **64-0763903**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent

MCCRORY, SONDR  
 2 N PALAFOX ST  
 PENSACOLA, FL ~~32501~~

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: 32502

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BELL, SCOTT J	
STREET ADDRESS	2 N. PALAFOX	
CITY-ST-ZIP	PENSACOLA, FL <del>32501</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST. PE', JERRY	
STREET ADDRESS	2 N. PALAFOX ST.	
CITY-ST-ZIP	PENSACOLA, FL <del>32501</del>	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOSTER, DANA R	
STREET ADDRESS	2 N. PALAFOX ST.	
CITY-ST-ZIP	PENSACOLA, FL <del>32501</del>	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOLAN JR., JOHN J	
STREET ADDRESS	2 N. PALAFOX ST.	
CITY-ST-ZIP	PENSACOLA, FL <del>32501</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	TREHERN, ED	
STREET ADDRESS	2 N. PALAFOX ST.	
CITY-ST-ZIP	PENSACOLA, FL <del>32501</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLOWAY, J L	
STREET ADDRESS	2 N. PALAFOX ST.	
CITY-ST-ZIP	PENSACOLA, FL <del>32501</del>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<u>32502</u>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<u>32502</u>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<u>32502</u>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<u>32502</u>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<u>32502</u>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Scott J. Bell 1/12/04 850-430-0187  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #