

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000004844
 1. Entity Name
 SKYLER MEDICAL SUPPLIES, INC.



Principal Place of Business
 2 N PALAFOX SR
 PENSACOLA, FL 32502 US

Mailing Address
 2 N PALAFOX SR
 PENSACOLA, FL 32502 US

DO NOT WRITE IN THIS SPACE



01102005 No 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 32502

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	P
NAME	BELL, SCOTT J
STREET ADDRESS	2 N. PALAFOX
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	D
NAME	ST. PE', JERRY
STREET ADDRESS	2 N. PALAFOX ST.
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	S
NAME	FOSTER, DANA R
STREET ADDRESS	2 N. PALAFOX ST.
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	T
NAME	TOLAN JR., JOHN J
STREET ADDRESS	2 N. PALAFOX ST.
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	D
NAME	TREHERN, ED
STREET ADDRESS	2 N. PALAFOX ST.
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	D
NAME	HOLLOWAY, J L
STREET ADDRESS	2 N. PALAFOX ST.
CITY-ST-ZIP	PENSACOLA, FL 32502

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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: _____ **1/10/05** **850-430-0187**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #