

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004844

FILED  
Feb 28, 2006  
Secretary of State

Entity Name: SKYLER MEDICAL SUPPLIES, INC.

## Current Principal Place of Business:

2 N PALAFOX SR  
PENSACOLA, FL 32502 US

## New Principal Place of Business:

2 N PALAFOX ST.  
PENSACOLA, FL 32502 US

## Current Mailing Address:

2 N PALAFOX SR  
PENSACOLA, FL 32502 US

## New Mailing Address:

2 N PALAFOX ST.  
PENSACOLA, FL 32502 US

FEI Number: 64-0763903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCCRORY, SONDR  
2 N PALAFOX ST  
PENSACOLA, FL 32502 US

## Name and Address of New Registered Agent:

SEITH, KIMBERLY A  
2 N PALAFOX ST  
PENSACOLA, FL 32502 US

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.

SIGNATURE: KIMBERLY A. SEITH

02/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BELL, SCOTT J  
Address: 2 N. PALAFOX  
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete  
Name: ST. PE', JERRY  
Address: 2 N. PALAFOX ST.  
City-St-Zip: PENSACOLA, FL 32502

Title: S ( ) Delete  
Name: FOSTER, DANA R  
Address: 2 N. PALAFOX ST.  
City-St-Zip: PENSACOLA, FL 32502

Title: T ( ) Delete  
Name: TOLAN JR., JOHN J  
Address: 2 N. PALAFOX ST.  
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Delete  
Name: TREHERN, ED  
Address: 2 N. PALAFOX ST.  
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Delete  
Name: HOLLOWAY, J L  
Address: 2 N. PALAFOX ST.  
City-St-Zip: PENSACOLA, FL 32502

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BELL, SCOTT J  
Address: 2 N. PALAFOX ST.  
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Change ( ) Addition  
Name: TREHERN, ED  
Address: 2 N. PALAFOX ST.  
City-St-Zip: PENSACOLA, FL 32502

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT J. BELL

P

02/28/2006

Electronic Signature of Signing Officer or Director

Date