


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90044 006 ***150.00

DOCUMENT # P93000067626

1. Entity Name
S.K.I.L. ENTERPRISES, INC.



Principal Place of Business Mailing Address
 9210 N 4TH ST 9210 N 4TH ST
 ST. PETERSBURG, FL 33702 US ST. PETERSBURG, FL 33702 US

40000100



New Address:

2. Principal Place of Business 3. Mailing Address
3542 Morris St. No. **3542 Morris St. No.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

01032005 Chg-P CR2E034 (10/03)

City & State City & State
St. Petersburg, Florida **St. Petersburg, Florida**

Zip Country Zip Country
33713 **USA** **33713** **USA**

4. FEI Number Applied For
59-3207595 Not Applicable

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

6. Name and Address of Current Registered Agent

LAMBERT, LAURENCE L
6059 16TH LANE NE
ST. PETERSBURG, FL 33703

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *A. Pichardo* DATE 1/3/05

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, 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	VP	<input type="checkbox"/> Delete
NAME	PICHARDO, ANDREA	
STREET ADDRESS	7766 BRISTOL CT N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAMBERT, LAURENCE L	
STREET ADDRESS	6059 16TH LANE NE	
CITY-ST-ZIP	ST PETERSBURG, FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *A. Pichardo* V.P. DATE: 1/3/05 DAYTIME PHONE: 727-576-0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR