


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000106318

1. Entity Name
SKRL ENTERPRISES, INC.



Principal Place of Business Mailing Address

2436 RIDGEWIND WAY **2436 RIDGEWIND WAY**
WINDERMERE, FL 34786 **WINDERMERE, FL 34786**

DO NOT WRITE IN THIS SPACE



04182004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3612122 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHREIBER, STEPHEN W
2436 RIDGEWIND WAY
WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE

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**

111100001123278
04/21/04-80064-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SCHREIBER, STEPHEN W 2436 RIDGEWIND WAY WINDERMERE, FL 34786
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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)(f), 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: Stephen W. Schreiber **STEPHEN W. SCHREIBER** 4/15/04 407-826-8252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #