


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # M54841

1. Entity Name
SK LAND COMPANY



Principal Place of Business 506 FLEMING ST KEY WEST, FL 33040 US	Mailing Address 506 FLEMING ST KEY WEST, FL 33040 US
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DO NOT WRITE IN THIS SPACE



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2828936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPOTTSWOOD, WILLIAM B.
 500 FLEMING STREET
 KEY WEST, FL 33040**

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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 _____ 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

100000099455
 06/31/04-80006-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPOTTSWOOD, JOHM M. 500 FLEMING STREET KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPOTTSWOOD, WILLIAM B. 500 FLEMING STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SPOTTSWOOD, ROBERT A. 506 FLEMING ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KNIGHT, EDWARD B. 336 DUVAL ST. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *W. B. Spottswood* **3/27/2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #