


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90176 031 ***150.00

DOCUMENT # P97000092145 1. Entity Name SKRCO, INC.					
Principal Place of Business 6771-C WHITFIELD IRD AVE SARASOTA, FL 34243			Mailing Address SKRCO, INC. PO BOX 20365 BRADENTON, FL 34204-0365		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City & State		4. FEI Number 65-0909228	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROBERTS, STEVE 3469 TOLULA TERRACE NORTH PORT, FL 34286				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			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.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D ROBERTS, STEVEN K 3469 TOLULA TER NORTH PORT, FL 34286			PRESIDENT Steven K. Roberts 4550 47th St W # 1813 Bradenton, FL 34210		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Vice President Sean M. Roberts 2317 Forest Crest Cir Lutz, FL 33549			Vice President Sean M. Roberts 2317 Forest Crest Cir Lutz, FL 33549		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Secretary Kyle C. Roberts 2317 Forest Crest Cir Lutz, FL 33549			Secretary Kyle C. Roberts 2317 Forest Crest Cir Lutz, FL 33549		
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Treasurer Steven K. Roberts 4550 47th St W # 1813 Bradenton, FL 34210			Treasurer Steven K. Roberts 4550 47th St W # 1813 Bradenton, FL 34210		
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