

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90111 032 ***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 2509-3 Success Dr		3. Mailing Address PO Box 705			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ODESSA FL		City & State ODESSA, FL		4. FEI Number 65-0809228	
Zip 33556		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (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, 2006 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, STEVEN K 4550 47TH STREET W # 1813 BRADENTON, FL 34210				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTS, SEAN M. 2317 FOREST CREST CIR. LUTZ, FL 33549				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, KYLE C. 2317 FOREST CREST CIR. LUTZ, FL 33549				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, STEVEN K. 4550 47TH STREET W # 1813 BRADENTON, FL 34210				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Steve Roberts</i> STEVE ROBERTS 1/17/06 727-372-6771					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					