

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000006112

Entity Name: SKILLS INC.

**Current Principal Place of Business:**

2706 ALT 19 N  
223  
PALM HARBOR, FL 34683

**Current Mailing Address:**

P.O. BOX 39  
PALM HARBOR, FL 34682

FEI Number: 06-1359964

Certificate of Status Desired: Yes

**Name and Address of Current Registered Agent:**

BYRNE, KEVIN  
2706 ALT 19 N  
PALM HARBOR, FL 34683 US

*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.*

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CPT  
Name ONDASH, KAREN S  
Address 409 KNIGHT DR.  
City-State-Zip: TARPON SPRINGS FL 34688

Title D  
Name KEEFE, FRANCES  
Address 3897 BROOKSWORTH AVE.  
City-State-Zip: TARPON SPRINGS FL 34688

Title V  
Name BYRNE, KEVIN  
Address 844 KRISWELL COURT  
City-State-Zip: PALM HARBOR FL 34683

Title S  
Name GLYNN, DEIRDRE  
Address 37 ROLLING RIDGE RD  
City-State-Zip: LONDONDERRY NH 03053

Title S  
Name DARLIN, DARLA  
Address 844 KRISWELL COURT  
City-State-Zip: PALM HARBOR FL 34683

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: KAREN ONDASH

PRESIDENT

02/17/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date