

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 311366

FILED  
Apr 10, 2006  
Secretary of State

Entity Name: SKAGFIELD CORPORATION

## Current Principal Place of Business:

270 CROSSWAY ROAD  
TALLAHASSEE, FL 32305

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 6566  
TALLAHASSEE, FL 32314 US

## New Mailing Address:

FEI Number: 59-1111599      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SKAGFIELD, H S  
270 CROSSWAY ROAD  
TALLAHASSEE, FL 32305 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SKAGFIELD, HILMAR,  
Address: 2130 LAROCHELLE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VT ( ) Delete  
Name: GARTON, GLENN E.,  
Address: 6417 JET PILOT TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

Title: CD ( ) Delete  
Name: SKAGFIELD, H S,  
Address: 426 GLENVIEW DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD ( ) Delete  
Name: SACK, LARRY,  
Address: 2711 BONITA ST  
City-St-Zip: LEMON GROVE, CA 91945

Title: S ( ) Delete  
Name: HUGHES, WILLIAM  
Address: 1431 AVONDALE COURT  
City-St-Zip: TALLAHASSEE, FL 32317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SKAGFIELD, HILMAR,  
Address: 6197 POCTOR ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VT (X) Change ( ) Addition  
Name: GARTON, GLENN E.,  
Address: 2972 COMPTON COURT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: CD (X) Change ( ) Addition  
Name: SKAGFIELD, H S,  
Address: 1486 ST. CHARLES PLACE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM HUGHES

S

04/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date