

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 311366

FILED
Mar 18, 2009
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 O
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: 6197 POCTOR ROAD
City-St-Zip: TALLAHASSEE, FL 32309

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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

T/S

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date