

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006112

FILED  
Mar 20, 2012  
Secretary of State

Entity Name: SKILS INC.

**Current Principal Place of Business:**

2706 ALT 19 N  
223  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 39  
PALM HARBOR, FL 34682

**New Mailing Address:**

FEI Number: 06-1359964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: S  
Name: DARLIN, DARLA  
Address: 844 KRISWELL COURT  
City-St-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 S. ONDASH

PRES

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date