


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # F33442	
1. Entity Name SKFW MANAGEMENT CORPORATION	
	
Principal Place of Business 2910 W. BAY TO BAY BLVD STE 200 TAMPA, FL 33629 US	Mailing Address 2910 W. BAY TO BAY BLVD STE 200 TAMPA, FL 33629 US



DO NOT WRITE IN THIS SPACE

04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2105771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FROST, MICHAEL H
2910 W. BAY TO BAY BLVD
STE 200
TAMPA, FL 33629

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHIMBERG, MANDELL
STREET ADDRESS	100 S ASHLEY #820
CITY-ST-ZIP	TAMPA FL,
TITLE	D
NAME	KENNEDY, DAVID A
STREET ADDRESS	2910 W. BAY TO BAY BLVD #200
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	PD
NAME	FROST, MICHAEL H.
STREET ADDRESS	2910 W. BAY TO BAY BLVD #200
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	WINEBERG, HARVEY S
STREET ADDRESS	180 N LASALLE ST #2200
CITY-ST-ZIP	CHICAGO, IL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/05-80051-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 information answered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/05 (813) 221-7535

Michael H Frost