2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000002397

1. Entity Name
MICHAEL SKURNIK WINES, INC.

Principal Place of Business	Mailing Address
575 UNDERHILL BLVD SYOSSET, NY 11791	575 UNDERHILL BLVD SYOSSET, NY 11791

01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2945508
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SKURNIK, RUTH
3425 POINCIANA
#308
LAKE WORTH, FL 33467

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 reinstating)

000000426812
060217US-80032-001 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SKURNIK, MICHAEL
STREET ADDRESS	1620 OLD CEDAR SWAMP RD
CITY-ST-ZIP	BROOKVILLE, NY 11545
TITLE	VCVP
NAME	SKURNIK, HARMON
STREET ADDRESS	12 PARKVIEW DR
CITY-ST-ZIP	MUTTONTOWN, NY 11753
TITLE	S
NAME	SKURNIK, HARMON
STREET ADDRESS	12 PARKVIEW DR
CITY-ST-ZIP	MUTTONTOWN, NY 11753
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: _____ PRESIDENT 3/6/06 516-677-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #