

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # H66551

1. Entity Name
SKF DEVELOPMENT COMPANY



Principal Place of Business
**255 COREY AVE.
P.O. BOX 67128
SAINT PETERSBURG BEACH, FL 33736**

Mailing Address
**255 COREY AVE.
P.O. BOX 67128
SAINT PETERSBURG BEACH, FL 33736**



01252008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2573102

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KLINGEL, JOSEPH W.
255 COREY AVE
SAINT PETERSBURG BEACH, FL 33706**

**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)

1100000924216

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

05/16/08-80064-011 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------------|
| TITLE | STD |
| NAME | GAMBLE, MILLARD G. |
| STREET ADDRESS | 255 COREY AVE |
| CITY-ST-ZIP | SAINT PETERSBURG BEACH, FL 33706 |
| TITLE | PD |
| NAME | KLINGEL, JOSEPH W. |
| STREET ADDRESS | 255 COREY AVE |
| CITY-ST-ZIP | SAINT PETERSBURG BEACH, FL 33706 |
| 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #