## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 11, 2005 8:00 am Secretary of State

55

DOCUMENT # J60509  1. Entity Name SKAP REALTY, INC.					03-11-2005 90314 046 ***150.00					
Principal Place of Business		Mailing Address						En.	A : • a	
930 SE 9TH LN		1840 SE 40 ST.						50	0248	
CAPE CORAL, FL 33904		CAPE CORAL, FL 33904								
O Division of Duning		2 Mailing Address								
2. Principal Place of Business		3. Mailing Address					LII LIJIIZJI			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02182005	82005 Chg-P CR2E034 (10/03)				
City & State		City & State			4. FEI Numbe 59-2786	Number Applied For -2786196 Not Applicat				
Zip Country		Zip	Country					5 Addition	nai	
6. Name and Address of Current R		Registered Agent			7. Name and Address of New Registered Agent					
OVERED AL MATHERINE				Name						
SKPERDAL, KATHERINE 1840 S.E. 40TH STREET			Stre	Street Address (P.O. Box Number is Not Acceptable)						
P.O. DRAV	VER 1465 RAL, FL 33904									
		City		FL Zip Code						
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, typeg or primited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.	OFFICERS AND	DIRECTORS	11,	1. ADDITIONS/CHANGES TO OFFICERS AND DIR				CTORS IN	l 11	
TITLE	PD *	Delete	TITLE				☐ CI	iange [	Addition	
STREET ADDRESS	SKAPERDAS, KATHERINE 1840 SE 40, ST.		NAME STREET ADDR	ESS					i	
CITY-ST-ZIP	CAPE CORAL, FL		CITY+ST-ZIP							
TITLE	VD	☐ Delete	TITLE				□ CI	nan <b>ge</b>	Addition	
NAME STREET ADDRESS	SKAPERDAS, APOSTOLOS 1840 SE 40 ST.	The state of the s		ESS					i	
CITY-ST-ZIP	CAPE CORAL, FL		CITY-ST-ZIP							
TITLE	TD SKAPERDAG KATUERUNE	☐ Delete	TITLE					arige [	Addition	
NAME STREET ADDRESS	SKAPERDAS, KATHERINE 1840 SE 40 ST.	. <del></del> :	_NAME STREET ADDR	ESS		<b>-</b> .	,			
CITY-ST-ZIP	CAPE CORAL, FL		CITY-ST-ZIP							
TITLE	SD ARCHARACTOLOG	☐ Delete	TITLE				□ cı	ange [	Addition	
NAME STREET ADDRESS	SKAPERDAS, APOSTOLOS 1840 SE 40 ST.		NAME STREET ADOR	ESS						
CITY-S1-ZIP	CAPE CORAL, FL		CITY-ST-ZIP							
THILE		Delete .	TITLE				☐ C	ange [	Addition	
NAME STREET ADDRESS			NAME STREET ADOR	ESS						
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				□ c	nange [	Addition	
NAME STREET ADDRESS			NAME STREET ADDR	£88						
CITY-ST-ZIP			CITY+ST-ZIP	1						

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 like empowered.

march 8,2005