

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # N00000006747

**1. Entity Name
JAMES A. SKALKO FAMILY FOUNDATION, INC.**



**Principal Place of Business
1858 BRIDGEWATER DRIVE
LAKE MARY, FL 32746 US**

**Mailing Address
1858 BRIDGEWATER DRIVE
LAKE MARY, FL 32746 US**



01222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3675496**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**SKALKO, JAMES A
1858 BRIDGEWATER DRIVE
LAKE MARY, FL 32746**

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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 renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

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

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SKALKO, JAMES A
1858 BRIDGEWATER DRIVE
LAKE MARY, FL 32746**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KERR, STEVE
917 SSTILLWELL LANE
LAKE MARY, FL 32746**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLANCHARD, SHELLY
499 CAREY WAY
ORLANDO, FL 32825**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

000000016674
01/28/04-80064-024 61.25

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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 617, 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:

JAMES SKALKO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04
Date

(407) 333-3383
Daytime Phone #