

FILED
Apr 08, 2005 8:00 am
Secretary of State


04-08-2005 90043 034 ****61.25

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

40049966



02032005 Chg-NP CR2E037 (10/03)

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	
2. Principal Place of Business 1851 Bridgewater Dr		3. Mailing Address 1851 Bridgewater Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Mary		City & State Lake Mary FL	
Zip 32746		Zip 32746	
Country		Country	
4. FEI Number 59-3675496		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 SKALKO, JAMES A 1858 BRIDGEWATER DROVE LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D SKALKO, JAMES A 1858 BRIDGEWATER DRIVE (1851) LAKE MARY, FL 32746 <input type="checkbox"/> Delete		TAMMY OTTO 1851-Bridgewater Dr. Lake Mary FL 32746 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
D KERR, STEVE 917 S STILLWELL LANE LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D BLANCHARD, SHELLY 499 CAREY WAY ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:		3/31/05 407-947-2980	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	