

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-11-2005 90123 048 \*\*\*150.00

**DOCUMENT # P01000102566**

1. Entity Name  
**SKYNET CREATIONS INC.**



Principal Place of Business  
**2481 NE COACHMAN RD #1503  
CLEARWATER, FL 33765-1714**

Mailing Address  
**2481 NE COACHMAN RD #1503  
CLEARWATER, FL 33765-1714**

2. Principal Place of Business  
**1309 TRAIL VIEW**  
Suite, Apt. #, etc.

3. Mailing Address  
**1309 TRAIL VIEW**  
Suite, Apt. #, etc.

City & State  
**TARPON SPRINGS FL**  
Zip  
**34688**

City & State  
**TARPON SPRINGS FL**  
Zip  
**34688**

05072005 Chg-P CR2E034 (10/03)

4. FEI Number  
**36-4272426**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VANONI, RICHARD  
2481 NE COACHMAN RD #1503  
CLEARWATER, FL 33765-1714**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1309 TRAIL VIEW**

City **TARPON SPRINGS**

**FL**

Zip Code  
**34688**

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 *Richard A Vanoni*

5/7/05

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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  
**DPT  
VANONI, RICHARD  
2481 NE COACHMAN RD #1503  
CLEARWATER, FL 337651714** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRESIDENT (DPT)  
VANONI, RICHARD  
1309 TRAIL VIEW  
TARPON SPRINGS FL 34688** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ 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 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: *Richard A Vanoni*

5/7/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #