2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# P02000035125

Entity Name: SKAR FAMILY CORPORATION

Current Principal Place of Business:

5100 BURCHETTE RD, #404
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

5100 BURCHETTE RD, #404
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-2409003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKINNER, JUAN
5102 GARDEN VALE AVENUE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SKINER, MARTA
Address: 272 RIGGS DR.
City-St-Zip: CLEMSON, FL 29631

Title: D ( ) Delete
Name: SKINNER, CARLOS
Address: 5100 BURCHETTE RD. #404
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: SKINNER, JUAN
Address: 5102 GARDEN VALE AVENUE
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: SKINNER, CAMILO
Address: 2705 MORGAN STREET
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: SKINNER, BRIAN
Address: 5100 BURCHETTE RD #404
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SKINNER, MARTHA
Address: 272 RIGGS DR.
City-St-Zip: CLEMSON, FL 29631

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN SKINNER D 04/19/2005

Electronic Signature of Signing Officer or Director Date