


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000104087 1. Entity Name SKM PROPERTIES, INC.	
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Principal Place of Business 4503 N ARMENIA AVE STE 101 TAMPA, FL 33603	Mailing Address 4503 N ARMENIA AVE STE 101 TAMPA, FL 33603
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0686246 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

DARRIGO, RONALD D
2921 W COACHMAN
TAMPA, FL 33611

**DO NOT WRITE
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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000199728
01/27/05-80035-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DARRIGO, RONALD D 2921 W COACHMAN TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DARRIGO, LESLIE 2921 W COACHMAN TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIAZ, NADINE S 913 W CIMMERON TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAKEFIELD, SHANE 913 W CIMMERON TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 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: *Nadine S. Diaz* *1/21/05* *8775548*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #