2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State
05-06-2005 90085 031 ***150.00

DOCUMENT # P03000046948

1. Entity Name
SKEFFINGTON MANAGEMENT INC.

Principal Place of Business	Mailing Address
3170 N. FEDERAL HWY 103C LIGHTHOUSE, FL 33064	3170 N. FEDERAL HWY 103C LIGHTHOUSE, FL 33064

04302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2716 RS Baily	PO Box 681297
Suite, Apt. #, etc. Drive E	Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State Park City, UT
Zip 32246 Country USA	Zip 84068 Country USA

4. FEI Number 54-2107804 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DICRESCENZO, ANGELA
3170 N. FEDERAL HWY 103C
LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent

Name ~~Gary Brown~~
Street Address (P.O. Box Number is Not Acceptable) ~~1912 Sidewinder Dr.~~
~~Suite 113~~
City ~~Park 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 [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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKEFFINGTON, CHANZ C 2577 LITTLE KATE RD PARK CITY, UT 84060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Steven S Keffington 2716 RS Bailey Drive E Jacksonville, FL 32246-4617	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKEFFINGTON, VIRGINIA-JEAN J 2577 LITTLE KATE RD PARK CITY, UT 84060	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: [signature] 4/30/2005 435-731-0121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #