

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000078293

1. Entity Name
SKANGAROO, INC.



Principal Place of Business
603 INDIAN ROCKS ROAD
BELLEAIR, FL 33756

Mailing Address
603 INDIAN ROCKS ROAD
BELLEAIR, FL 33756



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2379279

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUGGLES, THOMAS W
603 INDIAN ROCKS ROAD
BELLEAIR, FL 33756

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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

10. OFFICERS AND DIRECTORS

TITLE D
NAME ANDRIOLA, MICHAEL J
STREET ADDRESS 1011 JEFFORDS STREET BLDG. A
CITY-ST-ZIP CLEARWATER, FL 33757

TITLE D
NAME GOLOBISH, DAVID J
STREET ADDRESS 100 TURNER STREET
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE D
NAME RUGGLES, THOMAS W
STREET ADDRESS 603 INDIAN ROCKS ROAD
CITY-ST-ZIP BELLEAIR, FL 33756

TITLE D
NAME SCHUELE, HOWARD L
STREET ADDRESS 516 LAKEVIEW ROAD VILLA 5
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000256395
03/09/05-80014-007 150.00

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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)(f), 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:

Thomas W. Ruggles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05 (727) 449-2500
Date Daytime Phone #

THOMAS W. RUGGLES