2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000078293

1. Entity Name
SKANGAROO, INC.

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

DO NOT WRITE IN THIS SPACE

02072008 No Chg-P CR2E034 (11/05)

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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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000822723
02/20/08-80010-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDRIOLA, MICHAEL J
STREET ADDRESS	430 MORTON PLANT ST., SUITE 400
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	GOLOBISH, DAVID J
STREET ADDRESS	887 NICHOLS HILL RD
CITY-ST-ZIP	DORSET, VT 05251
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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #