

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90048 046 ***150.00

DOCUMENT # P04000095577

1. Entity Name
ANTHONY B. SKRUTSKI P.A.



Principal Place of Business
**869 NIXON LN
PORT ORANGE, FL 32129**

Mailing Address
**869 NIXON LN
PORT ORANGE, FL 32129**

2. Principal Place of Business
**2625 S. Atlantic Ave
Suite, Apt. #, etc.
Unit 3NW**

3. Mailing Address
**2625 S. Atlantic Ave
Suite, Apt. #, etc.
Unit 3NW**

City & State
Daytona Bch Shores, FL.
Zip
32118 Country
US

City & State
Daytona Bch Shores, FL.
Zip
32118 Country
US

03142005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1418649

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SKRUTSKI, ANTHONY
4745 SOUTH ATLANTIC #102
PONCE INLET, FL 32127**

7. Name and Address of New Registered Agent

Name
Skrutski, Anthony
Street Address (P.O. Box Number is Not Acceptable)

**2625 S. Atlantic Ave. Unit 3NW
City Daytona Bch. Shores FL Zip Code 32118**

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVT
SKRUTSKI, ANTHONY
4745 SOUTH ATLANTIC #102
PONCE INLET, FL 32127** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SKRUTSKI, BONNIE
4745 SOUTH ATLANTIC #102
PONCE INLET, FL 32127** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVT
Skrutski, Anthony
2625 S. Atlantic Ave. Unit 3NW
Daytona Bch. Shores, FL. 32118** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Skrutski, Bonnie
2625 S. Atlantic Ave. Unit 3NW
Daytona Bch. Shores, FL. 32118** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Anthony Skrutski* **Anthony Skrutski** 3-21-05 (386) 761-2853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #