


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90061 040 ***150.00

DOCUMENT # P04000095577					
1. Entity Name ANTHONY B. SKRUTSKI P.A.					
Principal Place of Business 4745 S. ATLANTIC AVE. UNIT 102 PONCE INLET, FL 32127 US			Mailing Address 4745 S. ATLANTIC AVE. UNIT 102 PONCE INLET, FL 32127 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1418649	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKRUTSKI, ANTHONY 2625 S ATLANTIC AVE UNIT 3NW DAYTONA BEACH SHORES, FL 32118			Name <u>SKRUTSKI, ANTHONY</u> Street Address (P.O. Box Number is Not Acceptable) <u>4745 S. ATLANTIC AVE</u> <u>UNIT 102</u> City <u>Ponce Inlet</u> FL Zip Code <u>32127</u>		
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: <u>Anthony Skrutski</u>		<u>Anthony Skrutski</u>		<u>President</u>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PVT SKRUTSKI, ANTHONY 2625 S ATLANTIC AVE UNIT 3NW DAYTONA BEACH SHORES, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT SKRUTSKI, ANTHONY 4745 S ATLANTIC AVE UNIT 102 PONCE INLET, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Anthony Skrutski</u>		<u>Anthony Skrutski</u>		<u>4-11-07</u> (306)788-4817	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	