

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90209 027 ***150.00

DOCUMENT # P04000103714

1. Entity Name
SKUFFSKINS, INC.



Principal Place of Business
**508 S OCEAN BLVD
POMPANO BCH, FL 33062**

Mailing Address
**508 S OCEAN BLVD
POMPANO BCH, FL 33062**

40055814



2. Principal Place of Business
840 NW 57th Ct.
Suite, Apt. #, etc.

3. Mailing Address
840 NW 57th Ct.
Suite, Apt. #, etc.

04152006 Chg-P CR2E034 (11/05)

City & State
Fort Lauderdale, FL
Zip Country
33309 USA

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Fort Lauderdale, FL
Zip Country
33309 USA

4. FEI Number
51-0515365

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CALMAN, KATHRYN S
508 S OCEAN BLVD
POMPANO BCH, FL 33062**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CALMAN, KENNETH J
508 S OCEAN BLVD
POMPANO BCH, FL 33062** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VST
CALMAN, KATHRYN S
508 S OCEAN BLVD
POMPANO BCH, FL 33062** ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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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: **Kathryn S. Calman** **Kathryn S. CALMAN** 4-14-06 954.350.1501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #