2005 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNUAL	REPORT 🔊		\mathcal{F}_{I}
DOCUM	ENT # P04000158	954		OS NOV 18 AM 10: 04 TALLAHASSEE, FLORIDA
1. Entity Name				Ska My 10
JENNIFER I	(OLAR TOPJUN, P.A.			ALCONO AH IN
			NO WE THE	AHASIN ON OU
Principal Place of	Business	Mailing Address		"SEE FILATE
1747 RIVIERA CI		1747 RIVIERA CIRCLE		ORIDE
SARASOTA, FL 3	4232	SARASOTA, FL 34232		························
				Î LANDISKUL BIT ANII BINN MAIL MURI NOINE BIRST HIJN LATA LATA ANIAL ANIAL BIR ANIAL BIR ANIAL BIR ANIA
2. Principal Place		3. Mailing Address	-n A Traur	
2016 PI Suite, Apt. #, e		2016 RIVIE Suite, Apt. #, etc.	KA URIVE	
cone, Apt. H, C	io.	Suite, Apr. 4, etc.		09152005 Chg-P CR2E034 (10/03)
City & State	T	City & State	C. 0100	4. FEI Number Applied For
SARASO		SARASOTA Zip	FLORI DA Country	20-2057604 Not Applicable
^{Zip} 34 23	2 USA	34232	USA	5. Certificate of Status Desired
	, Name and Address of Current			7. Name and Address of New Registered Agent
SABA, RICHA	<u> </u>		Name	
2033 MAIN S		•	Street Addre	ss (P.O. Box Number is Not Acceptable)
SARASOTA,	FL 34237		·· -	
			C'es	7: 0-4
	·		City	FL Zip Code
	ned entity submits this statement for of registered agent.	the purpose of changing its	registered office or regis	istered agent, or both, in the State of Florida. I am familiar with, and accept
ino obligations	or regional de agont.			
SIGNATURE	sture, typed or printed name of registered agent :	and title if applicable. (NOT	E; Registered Agent signature req	quired when reinstating) DATE
	-			
	NOW!!! FEE IS \$150.00	Election Campa Trust Fund Cont	· · · · · · · ·	\$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Due	by October 1, 2005	. Hust Fund Cont	ribution.	Added to Fees Corporation did not receive the prior notice.
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME		☐ Delete	TITLE NAME	P/T/S □ Change ☑ Addition
STREET ADDRESS			11C	The TIME
CITY-ST-ZIP			STREET ADDRESS 2	NNIFER KOLAR TOPJUN DIG RIVIERA DRIVE
			STREET ADDRESS 2	GARASOTA, FLORIDA 34232
TITLE		☐ Delete	STREET ADDRESS 2 CITY-ST-ZIP 3	FORMA DRIVE SARASOTA FLORIDA 34232 TUUDE1549100000000000000000000000000000000000
NAME		☐ Delete	STREET ADDRESS 2 CITY-SI-ZIP 5 TITLE NAME	GARASOTA, FLORIDA 34232
4		☐ Delete	STREET ADDRESS 2 CITY-ST-ZIP 3	FORMA DRIVE SARASOTA FLORIDA 34232 TUUDE1549100000000000000000000000000000000000
NAME STREET ADDRESS		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOTO EIVIER A. DRIVE SARASOTA, FLORIDA 34232 TOTO 515451000000000000000000000000000000000
NAME STREET ADDRESS CITY-ST-ZIP TITLE , NAME			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TOTO E IVIERA DE IVE SARASOTA , FLORIDA 34232 TOTO 5154510 0000 0000 11/18/05-01048-001 **158.75
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOTO EIVIER A. DRIVE SARASOTA, FLORIDA 34232 TOTO 515451000000000000000000000000000000000
NAME STREET ADDRESS CITY-ST-ZIP TITLE . NAME STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	TOUDS 1 5 4 3 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
NAME STREET ADDRESS CITY-ST-ZIP TITLE . NAME STREET ADDRESS CITY_ST-ZIP.		□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	TOUDS 1 5 4 3 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
NAME STREET ADDRESS CITY-ST-ZIP TITLE . NAME STREET ADDRESS CITY_ST-ZIP_ TITLE NAME STREET ADDRESS		□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TOUDS 1 5 4 3 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
NAME STREET ADDRESS CITY-ST-ZIP TITLE , NAME STREET ADDRESS CITY_ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Detete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Roborts NOV 22
NAME STREET ADDRESS CITY-ST-ZIP TITLE . NAME STREET ADDRESS CITY_ST-ZIP_ TITLE NAME STREET ADDRESS		□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TOUDS 1 5 4 3 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
NAME STREET ADDRESS CITY-ST-ZIP TITLE . NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	•	Detete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Roborts NOV 22
NAME STREET ADDRESS CITY-ST-ZIP TITLE . NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	Delete Delete Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Roborts NOV 227
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY_ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Detete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	T. Roborts NOV 22
NAME STREET ADDRESS CITY-ST-ZIP TITLE . NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete Delete Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Roborts NOV 227
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY_ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME		Delete Delete Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	T. Roborts NOV 227
NAME SIREEI ADDRESS CITY-ST-ZIP TITLE NAME SIREEI ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	y that the information supplied with	Delete Delete Delete Delete this filling does not qualify for	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Roberts NOV 227 Change Addition Change Change
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certifindicated on to of the corpore	his report or supplemental report is tion or the receiver or trustee empo	Delete Delete Delete Delete Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE exemption stated in my signature shall have tas required by Chapter	T. Roborts NOV 22.700 Addition Change Change
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certifindicated on to of the corpore	his report or supplemental report is tion or the receiver or trustee empo on an attachment with an address, v	Delete Delete Delete Delete Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE exemption stated in my signature shall have tas required by Chapter	T. Roborts NOV 22 Change Addition Change Change Addition Change Change