


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P05000048990 1. Entity Name SK CONSULTING & MANAGEMENT CO. INC.	
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Principal Place of Business 1991 MAIN ST SUITE 260 SARASOTA, FL 34263	Mailing Address 1991 MAIN ST SUITE 260 SARASOTA, FL 34263
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DO NOT WRITE IN THIS SPACE



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0538898	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KANE, STANLEY B 539 NORSOTA WAY SARASOTA, FL 34242	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANE, STANLEY B 539 NORSOTA WAY SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KANE, JANET 539 NORSOTA WAY SARASOTA, FL 34242
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04/06/08-80011-007 150.00

**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: <u>Stanley B. Kane</u> <u>Stanley B. Kane</u> 3/18/08 941-206-7700	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		