

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 26, 2008 08:00 AM
Secretary of State**

DOCUMENT # P05000159045

**1. Entity Name
SKYMED FLORIDA, INC.**



**Principal Place of Business
3444 EAST LAKE ROAD
SUITE 412
PALM HARBOR, FL 34685 US**

**Mailing Address
3444 EAST LAKE ROAD
SUITE 412
PALM HARBOR, FL 34685 US**



03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
20-3888908**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**ROBERT F. DIMARCO, CPA PA
3444 EAST LAKE ROAD
SUITE 412
PALM HARBOR, FL 34685**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 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/S
STEVEN. MESDOM
3444 EAST LAKE ROAD SUITE 412
PALM HARBOR, FL 34685**

**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
STREET ADDRESS
CITY - ST - ZIP**

U00000870333
04/09/08-80085-006 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MESDOM

STEVEN

03/18/2008

Date

Daytime Phone #

+32/16.639980