

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000008214

1. Entity Name
810 SKAGWAY, INC.



Principal Place of Business
6412 QUEENWAY DR.
TEMPLE TERRACE, FL 33617

Mailing Address
P.O. BOX 16712
TEMPLE TERRACE, FL 33687

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
6318 N. Queensway Dr

Suite, Apt. #, etc.

City & State
Temple Terrace

City & State

Zip
FL 33687

Zip

Country

6. Name and Address of Current Registered Agent

SCOTLAND, ROSLYN
6412 QUEENWAY DR.
TEMPLE TERRACE, FL 33617

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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. \$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	D ROBERTS, ROLAND 6412 QUEENWAY DR. TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6318 N. Queensway Dr Temple Terrace, FL 33687	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTLAND, ROSLYN 6412 QUEENWAY DR. TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6318 N. Queensway Dr Temple Terrace, FL 33687	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, FREESTON 6412 QUEENWAY DR. TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6318 N. Queensway Dr Temple Terrace, FL 33687	<input 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: *Donald Roland Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/07 (813)299-1824
Date Daytime Phone #