


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90037 016 ***550.00

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address SAME
Suite, Apt. #, etc. 6318 N. Queensway Dr	Suite, Apt. #, etc.
City & State Temple Terrace	City & State
Zip FL 33687	Country

40126433



07152007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3161655	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	
SCOTLAND, ROSLYN 6412 QUEENWAY DR. TEMPLE TERRACE, FL 33617	

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 \$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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, ROLAND	NAME	6318 N. Queensway Dr
STREET ADDRESS	6412 QUEENWAY DR.	STREET ADDRESS	Temple Terrace, FL 33687
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTLAND, ROSLYN	NAME	6318 N. Queensway Dr
STREET ADDRESS	6412 QUEENWAY DR.	STREET ADDRESS	Temple Terrace, FL 33687
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, FREESTON	NAME	6318 N. Queensway Dr
STREET ADDRESS	6412 QUEENWAY DR.	STREET ADDRESS	Temple Terrace, FL 33687
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Director Roland Roberts **7/15/07** **(813) 299-1824**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #