

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000079149

Entity Name: SKM, INC.

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

611 S. FORT HARRISON AVE., #379  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

611 S. FORT HARRISON AVE., #379  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 59-3210365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KIRSTEN, MUELLER  
611 S FORT HARRISON AVE  
# 379  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MUELLER, KIRSTEN  
Address: 611 S FORT HARRISON AVE # 379  
City-St-Zip: CLEARWATER, FL 33756

Title: D  
Name: MUELLER, THOMAS  
Address: 611 S FORT HARRISON AVE # 379.  
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS MUELLER

VP

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date