

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000014892
1. Entity Name
SKS COMPUTER CONSULTING, INC.



Principal Place of Business
5423 LOCKPORT CT.
PALM HARBOR, FL 34685

Mailing Address
5423 LOCKPORT CT.
PALM HARBOR, FL 34685



04192004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3227740

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHAPIRO, JILL D
5423 LOCKPORT CT.
PALM HARBOR, FL 34685

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000124255
04/22/04-80037-008 158.75

10. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	SHAPIRO, JILL D
STREET ADDRESS	5423 LOCKPORT CT.
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	DPS
NAME	SHAPIRO, STEVEN K
STREET ADDRESS	5423 LOCKPORT CT.
CITY-ST-ZIP	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	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jill D. Shapiro Jill D. Shapiro 4/19/04 (727) 937-7849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #