

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000082538

1. Entity Name
SKN INC



Principal Place of Business
4051 GULFSHORE BLVD NORTH
1101
NAPLES, FL 34103 US

Mailing Address
4051 GULFSHORE BLVD NORTH
1101
NAPLES, FL 34103 US



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0539305

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AVRAMIDIS, S A
4051 GULFSHORE BLVD NORTH
1101
NAPLES, FL 34103

**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 reconstituting)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
AVRAMIDIS, S A
4051 GULFSHORE BLVD NORTH 1101
NAPLES, FL 34103

TITLE
NAME
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CITY- ST- ZIP

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U000000121672
04/20/04-80062-015 150.00

**DO NOT WRITE
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)(i), 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:

Stellios A. Avramidis **STELLIOS A. AVRAMIDIS** **APRIL 13 2004** **239 643 7975**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #