


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000032474</b>	
1. Entity Name <b>DWIGHT SKIDMORE INC.</b>	

Principal Place of Business <b>85 SOUTHPOINT DR. SUGARLOAF KEY, FL 33042</b>	Mailing Address <b>P O BOX 431321 BIG PINE KEY, FL 33043-1321</b>
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0744316</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SKIDMORE, DWIGHT 85 SOUTHPOINT DR. SUGARLOAF KEY, FL 33042</b>
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100000218015 02/07/05-B0047-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKIDMORE, DWIGHT 85 SOUTHPOINT DR. SUGARLOAF KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEPHARD, MICHAEL B 85 SOUTHPOINT DR. SUGARLOAF KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYAN, GEOFFREY T 120 S. POINT DR. SUGARLOAF KEY, FL 33042
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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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: <i>Dwight Skidmore</i>	2-3-05	305-745-7530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #