

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000042159

1. Entity Name
SKAFFCO ENGINEERING & MANUFACTURING INC



Principal Place of Business

**489 LUCERNE AVE
TAMPA, FL 33606**

Mailing Address

**489 LUCERNE AVE
TAMPA, FL 33606**

DO NOT WRITE IN THIS SPACE



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3508698

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SKAFF, HABIB
489 LUCERNE AVE
TAMPA, FL 33606**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SKAFF, HABIB
STREET ADDRESS	489 LUCERNE AVE
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	TS
NAME	SKAFF, AFIFI
STREET ADDRESS	489 LUCERNE AVE.
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	VP
NAME	SKAFF, GHADA
STREET ADDRESS	489 LUCERNE AVE.
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/21/06-80072-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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 507, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2006 813-254-6559
Date Daytime Phone #