


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # S62232 1. Entity Name SKORMAN DEVELOPMENT CORP.	
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Principal Place of Business 9720 LAKE ISLEWORTH CT WINDERMERE, FL 34786 US	Mailing Address 9720 LAKE ISLEWORTH CT WINDERMERE, FL 34786 US
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DO NOT WRITE IN THIS SPACE

03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0274663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SKORMAN, MARC 9720 LAKE ISLEWORTH CT WINDERMERE, FL 34786
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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 TRC T applicable) (NOTE: Registered Agent signature required when retaining)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	SKORMAN, MARC 9720 LAKE ISLEWORTH CT WINDERMERE, FL 34786
TITLE VP	SKORMAN, KEVIN 9720 LAKE ISLEWORTH CT WINDERMERE, FL 34786
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

04/20/05-80055-013 150.00

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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: Marc Skorman PRESIDENT MARC SKORMAN, PRESIDENT 3/21/05 407 253 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day - e Phone #