

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # V73958

1. Entity Name
S.K.C. FOODS, INC.



Principal Place of Business
**5400 BRADENTON RD
SARASOTA, FL 34234**

Mailing Address
**5400 BRADENTON RD
SARASOTA, FL 34234**



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0365967

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

**COLLINS, JACK
5400 BRADENTON RD
SARASOTA, FL 34234**

**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

U00000480041

04/10/06-80028-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLLINS, JACK
STREET ADDRESS	5400 BRADENTON RD
CITY-STATE-ZIP	SARASOTA, FL
TITLE	DV
NAME	COLLINS, JACK JR
STREET ADDRESS	5400 BRADENTON RD
CITY-STATE-ZIP	SARASOTA, FL
TITLE	STD
NAME	COLLINS, CHRISTOPHER
STREET ADDRESS	5400 BRADENTON RD
CITY-STATE-ZIP	SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**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 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: _____

2-15-06