## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 20, 2007 08:00 AM Secretary of State DOCUMENT # P02000041147 1. Entity Name SKELDING PROPERTIES, INC. Principal Place of Business Mailing Address 318 N. MONROE ST. 318 N. MONROE ST. TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 04102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1185875 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SKELDING, JACK M JR. DO NOT WRITE 318 N. MONROE ST. TALLAHASSEE, FL 32301 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulaed when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SKELDING, JACK M JR. NAME 318 N. MONROE ST. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 000000718756 05/01/07-80035-014 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with his 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 attactment with an address with all other like empowered.

SIGNATURE:

STREET ADDRESS

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07

850-222-3730

Daytime Phone #

**FILED**