

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027741

Entity Name: SPJ SKIPTRACING, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

8618 TOMPSON POINT RD.
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

8618 TOMPSON POINT RD.
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 90-0082236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESSER, STEVEN A
1555 ST LUCIE W BLVD NW STE 202
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PORTIK, JOHN
Address: 8618 TOMPSON POINT RD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VD () Delete
Name: PORTIK, SARAH
Address: 4616 1ST ST
City-St-Zip: PLEASANTON, CA 94566

Title: SD () Delete
Name: PORTIK, PHYLLIS
Address: 8618 TOMPSON POINT RD
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PORTIK, PHYLLIS
Address: 8618 TOMPSON POINT RD
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: VD (X) Change () Addition
Name: PORTIK, SARAH
Address: 8618 TOMPSON POINT RD
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: SD (X) Change () Addition
Name: WATERS, KIMBERLY
Address: 4344 RIM CT S
City-St-Zip: GILBERT, AZ 85297 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS PORTIK

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date