

2008 FOR PROFIT CORPORATION ANNUAL REPORT


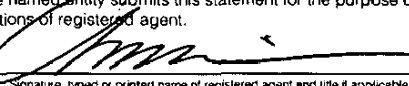
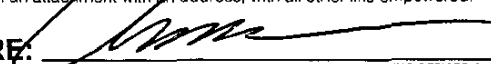
FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90024 015 ***150.00

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04072008 Chg-P CR2E034 (12/06)

DOCUMENT # 228811			
1. Entity Name THE CHARLES SKINNER COMPANY			
Principal Place of Business 10175 FORTUNE PARKWAY SUITE 604 JACKSONVILLE, FL 32257 US		Mailing Address 10175 FORTUNE PARKWAY SUITE 604 JACKSONVILLE, FL 32257 US	
2. Principal Place of Business - No P.O. Box # 10175 FORTUNE PARKWAY		3. Mailing Address	
Suite, Apt. #, etc. SUITE 1101		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32250	Country DUAL	Zip	Country
4. FEI Number 59-0879231		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		7. Name and Address of New Registered Agent	
SKINNER, CHARLES W 10175 FORTUNE PARKWAY SUITE 604 JACKSONVILLE, FL 32256		Name Street Address (P.O. Box Number is Not Acceptable) 10175 FORTUNE PARKWAY, SUITE 1101 City JACKSONVILLE FL Zip Code 32250	
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 		Charles W. Skinner DATE 4-7-08	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SKINNER, CHARLES W 10175 FORTUNE PARKWAY, SUITE 604 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SKINNER, CHARLES W 10175 FORTUNE PARKWAY, SUITE 1101 JACKSONVILLE FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SKINNER, LAURA C 8267 SHADY GROVE CT JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 		4-7-08 904-579-8002 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	