

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 248598

1. Entity Name
SKIPPER'S, INC.



Principal Place of Business
215 S. MAGNOLIA AVE.
OCALA, FL 34474 US

Mailing Address
215 S. MAGNOLIA AVE.
OCALA, FL 34474 US



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0933372

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SKIPPER, DAVID LEE
215 S E 1ST AVENUE
OCALA, FL 34474

**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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SKIPPER, DAVID LEE
STREET ADDRESS	215 S. MAGNOLIA AVE.
CITY - ST - ZIP	OCALA, FL 34474
TITLE	VD
NAME	SKIPPER, A GORDON
STREET ADDRESS	1152 S.E. 10TH ST.
CITY - ST - ZIP	OCALA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: *David Lee Skipper* **David Lee Skipper**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/01/05

Date

352-622-5211 AM

352-347-3381 PM

Daytime Phone #