

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 02, 2006 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**



01302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FBI 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 reappointing)

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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
SKIPPER, DAVID LEE  
215 S. MAGNOLIA AVE.  
OCALA, FL 34474**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
SKIPPER, A GORDON  
1152 S.E. 10TH ST.  
OCALA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000415891  
02/11/06-80099-006 150.00

**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:**

*David Lee Skipper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David Lee Skipper 1/31/06 (352)622-5211**

Date

Daytime Phone #