


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90022 021 ***150.00

| | |
|---|---|
| DOCUMENT # 248598 1. Entity Name SKIPPER'S, INC. |  |
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| Principal Place of Business 215 S. MAGNOLIA AVE. OCALA, FL 34474 US 34471 | Mailing Address 215 S. MAGNOLIA AVE. OCALA, FL 34474 US 34471 |
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DO NOT WRITE IN THIS SPACE

01062008 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 59-0933372 | 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

SKIPPER, DAVID LEE
215 S. MAGNOLIA AVE.
OCALA, FL 34474
34471

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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 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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD SKIPPER, DAVID LEE 215 S. MAGNOLIA AVE. OCALA, FL 34474 34471 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VO 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 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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 1/12/08 (352) 622-5211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #