


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90014 035 \*\*\*150.00

<b>DOCUMENT # 436906</b> 1. Entity Name <b>SKIPPER CATTLE CORP.</b>			
Principal Place of Business <b>6901 W. JOSEPHINE RD. SEBRING, FL. 33870, 33872</b>		Mailing Address <b>6901 W. JOSEPHINE RD. SEBRING, FL. 33870, 33872</b>	
2. Principal Place of Business - No P.O. Box # <b>6901 W. Josephine Rd / 6901 W. Josephine Rd.</b>		3. Mailing Address <b>6901 W. Josephine Rd.</b>	
Suite, Apt. #, etc. <b>Lake Placid, FL</b>		Suite, Apt. #, etc. <b>Lake Placid, FL</b>	
City & State <b>Lake Placid, FL</b>		City & State <b>Lake Placid, FL</b>	
Zip <b>33852</b>		Zip <b>33852</b>	
Country <b>Highlands</b>		Country <b>Highlands</b>	
4. FEI Number <b>59-0668194</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SKIPPER, JOHN R JR. 7001 W JOSEPHINE RD LAKE PLACID, FL 33852</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City - <b>FL</b> Zip Code	
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 <i>[Signature]</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>		<i>Pres./Director</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE <b>2-18-08</b> <small>DATE</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SKIPPER, JOHN R JR. 7001 W JOSEPHINE RD LAKE PLACID, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SKIPPER, MARGUERITE S 6901 W JOSEPHINE RD LAKE PLACID, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SKIPPER, STEWART A 2470 VICTORIA LN. AVON PARK, FL 33825	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SKIPPER, STEWART ALLEN 6901 W JOSEPHINE RD LAKE PLACID, FL	<input type="checkbox"/> Delete <i>Same as above</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, without other like empowered.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>2-18-08</b> <b>(863) 699-5010</b> <small>DATE</small> <small>Daytime Phone #</small>	
(Empty)		<b>(863) 381-9513</b>	