

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # 673076 1. Entity Name SKIPPER & SKIPPER, P.A.	
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Principal Place of Business 5653 MAIN ST. NEW PORT RICHEY, FL 34652	Mailing Address 5653 MAIN ST. NEW PORT RICHEY, FL 34652
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2009513	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SKIPPER, H. CURTIS 5653 MAIN ST. NEW PORT RICHEY, FL 34652	DO NOT WRITE IN THIS SPACE
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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.

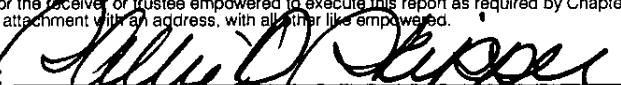
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000787046 01/17/08-80064-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SKIPPER, H CURTIS 5653 MAIN ST. NEW PORT RICHEY, FL00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT SKIPPER, SALLIE D 5653 MAIN ST NEW PORT RICHEY, FL 34652
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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 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: 
SALLIE D. SKIPPER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/08 (727) 847-0913
Date Daytime Phone #