

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 673076

FILED
Feb 29, 2012
Secretary of State

Entity Name: SKIPPER & SKIPPER, P.A.

Current Principal Place of Business:

5653 MAIN ST.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5653 MAIN ST.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-2009513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKIPPER, H CURTIS ESQ
5653 MAIN ST.
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

SKIPPER, SALLIE D ESQ
5653 MAIN ST.
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: SALLIE D. SKIPPER, ESQ.

02/29/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D,P
Name: SKIPPER, H C
Address: 5653 MAIN ST.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D
Name: SKIPPER, SALLIE D
Address: 5653 MAIN ST
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP
Name: SKIPPER, SALLIE D
Address: 5653 MAIN ST
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T
Name: SKIPPER, SALLIE D
Address: 5653 MAIN STREET
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S
Name: SKIPPER, SALLIE D
Address: 5653 MAIN STREET
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SALLIE D. SKIPPER

D,S

02/29/2012

Electronic Signature of Signing Officer or Director

Date