2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000006740

City-St-Zip:

WINTHROP HARBOR, IL 60096

FILED Oct 24, 2005 Secretary of State

Entity Nai	me: SKIPPER	MARINE DEVELOPMENT, IN	C.		
Current Principal Place of Business:			New Principal Place of Business:		
	TH POINT DRIV OP HARBOR, II				
Current Mailing Address:			New Mailing Address:		
	TH POINT DRIV OP HARBOR, II				
FEI Number	: 39-1581764	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1200 SOU	PORATION SYS TH PINE ISLAI ION, FL 33324	ND ROAD	ELLERBROCK, DENN 450 BASIN ST. DAYTONA BEACH, FL		
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: DENNIS ELLERBROCK				10/24/2005	
	Electror	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRETASKY, MI 215 NORTH PC		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ELLERBROCK 215 NORTH PC		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	THEISEN, RON 215 NORTH PC		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () SUCHOMEL, AI 215 NORTH PO		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DENNIS ELLERBROCK **PRES** 10/24/2005