

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000004376

Entity Name: SK PARTNERS, INC.

FILED  
Jan 18, 2008  
Secretary of State

## Current Principal Place of Business:

2171 GRAND AVENUE  
WEST DES MOINES, IA 50265

## New Principal Place of Business:

2800 UNIVERSITY, #118  
WEST DES MOINES, IA 50266

## Current Mailing Address:

2171 GRAND AVENUE  
WEST DES MOINES, IA 50265

## New Mailing Address:

2800 UNIVERSITY, #118  
WEST DES MOINES, IA 50266

FEI Number: 36-4559400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HASKINS, HARRY  
SUNTRUST BUILDING  
3400 TAMiami TRAIL, #201  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

CAVANAUGH, STEVE  
1211 OLD STICKNEY POINT ROAD  
SARASOTA, FL 34242 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: STEVE CAVANAUGH

01/18/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete  
Name: KLINE, JOHN C  
Address: 2171 GRAND AVENUE  
City-St-Zip: WEST DES MOINES, IA 50265

Title: PST ( ) Delete  
Name: KLINE, JOHN C  
Address: 2171 GRAND AVENUE  
City-St-Zip: WEST DES MOINES, IA 50265

Title: D (X) Delete  
Name: WALTERS, RANDY  
Address: 2171 GRAND AVENUE  
City-St-Zip: WEST DES MOINES, IA 50265

Title: D (X) Delete  
Name: WILLIS, MARTY  
Address: 2171 GRAND AVENUE  
City-St-Zip: WEST DES MOINES, IA 50265

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHRM (X) Change ( ) Addition  
Name: WILLIS, MARTY C  
Address: 2800 UNIVERSITY, # 118  
City-St-Zip: WEST DES MOINES, IA 50266

Title: PST (X) Change ( ) Addition  
Name: WILLIS, MARTY C  
Address: 2800 UNIVERSITY, #118  
City-St-Zip: WEST DES MOINES, IA 50266

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MARTY WILLIS

CHRM

01/18/2008

Electronic Signature of Signing Officer or Director

Date