

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F73829

FILED
Apr 18, 2005
Secretary of State

Entity Name: BOB SKIDELL ENTERPRISES, INC.

Current Principal Place of Business:

% ROBERT SKIDELL
767 ARTHUR GODFREY RD
MIAMI, FL 33140

New Principal Place of Business:

Current Mailing Address:

% ROBERT SKIDELL
767 ARTHUR GODFREY RD
MIAMI, FL 33140

New Mailing Address:

% ROBERT SKIDELL
P. O. BOX 402864
MIAMI, FL 33140

FEI Number: 59-2193547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKIDELL, ROBERT
767 ARTHUR GODFREY RD
MIAMI, FL 33140 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: SKIDELL, ROBERT A,
Address: 767 ARTHUR GODFREY RD
City-St-Zip: MIAMI BEACH, FL 00000,

Title: D () Delete
Name: SKIDELL, ROBERT,
Address: 767 ARTHUR GODFREY RD
City-St-Zip: MIAMI BCH., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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.

SIGNATURE: ROBERT A. SKIDELL

PST

04/18/2005

Electronic Signature of Signing Officer or Director

Date