


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

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| DOCUMENT # F93000001193 |  |
| 1. Entity Name JOSEPH SKILKEN & CO. | |

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| Principal Place of Business POST OFFICE BOX 1148 COLUMBUS, OH 43216-1148 US | Mailing Address POST OFFICE BOX 1148 COLUMBUS, OH 43276-1148 US |
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04262007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 31-4374436 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent JOSEPH SKILKEN MANAGEMENT CO. BOCA SOL RENTAL OFFICE 200 NE 20TH ST. BOCA RATON, FL 33432 |
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**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCST SKILKEN, LYNNE 383 S. THIRD ST. COLUMBUS, OH 43216 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVCP SKILKEN, STEVE 383 S. THIRD ST. COLUMBUS, OH 43215 |
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05/18/07-80055-011 150.00

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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 807, 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: Steve Skilken **STEVE SKILKEN** 4/26/07 614-221-4587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #