

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000517

FILED  
Apr 13, 2004  
Secretary of State

Entity Name: SKEETIE K, INC.

## Current Principal Place of Business:

101 CHARLOIS BLVD, SUITE 102  
WINSTON-SALEM, NC 27103

## New Principal Place of Business:

## Current Mailing Address:

13171 ATLANTIC BLVD  
SUITE 400  
JACKSONVILLE, FL 32225

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTER, WILLIAM P  
804 QUEENS HARBOUR BLVD  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

REGISTER, WILLIAM P SR  
1329 MOSS CREEK DRIVE  
JACKSONVILLE, FL 32225 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: WILLIAM P REGISTER, SR

04/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CPTD ( ) Delete  
Name: REGISTER, WILLIAM P  
Address: 804 QUEENS HARBOUR BLVD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VCVD ( ) Delete  
Name: REGISTER, CAROLYN R  
Address: 804 QUEENS HARBOUR BLVD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Delete  
Name: CRUMP, HEATHER L  
Address: 101 CHARLOIS BLVD, SUITE 102  
City-St-Zip: WINSTON-SALEM, NC 27103

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPTD (X) Change ( ) Addition  
Name: REGISTER, WILLIAM P  
Address: 1329 MOSS CREEK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VCVD (X) Change ( ) Addition  
Name: REGISTER, CAROLYN R  
Address: 1329 MOSS CREEK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

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: WILLIAM P REGISTER, SR

CPTD

04/13/2004

Electronic Signature of Signing Officer or Director

Date