

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90163 037 ***150.00

DOCUMENT # F97000000517

1. Entity Name
SKEETIE K, INC.



Principal Place of Business
**101 CHARLOIS BLVD, SUITE 102
WINSTON-SALEM, NC 27103**

Mailing Address
**13171 ATLANTIC BLVD
SUITE 400
JACKSONVILLE, FL 32225**

50047287



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262005

Chg-P

CR2E034(10/03)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

13886 BELLA RIVA LANE

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPTD** ☐ Delete
NAME **REGISTER, WILLIAM P**
STREET ADDRESS **1329 MOSS CREEK DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE ☒ Change ☐ Addition
NAME **13886 BELLA RIVA LANE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VCVD** ☐ Delete
NAME **REGISTER, CAROLYN R**
STREET ADDRESS **1329 MOSS CREEK DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE ☒ Change ☐ Addition
NAME **13886 BELLA RIVA LANE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **CRUMP, HEATHER L**
STREET ADDRESS **101 CHARLOIS BLVD, SUITE 102**
CITY-ST-ZIP **WINSTON-SALEM, NC 27103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM P REGISTER SR

4-29-05 904-221-9660