


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

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
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**DO NOT WRITE IN THIS SPACE**



04252008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent  REGISTER, WILLIAM P SR 13886 BELLA RIVA LANE JACKSONVILLE, FL 32225
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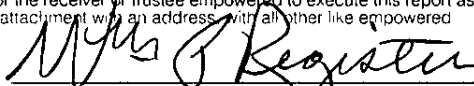
**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000927510 05/20/08-80109-018 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	OPTD REGISTER, WILLIAM P 13886 BELLA RIVA LANE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VCVD REGISTER, CAROLYN R 13886 BELLA RIVA LANE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S CRUMP, HEATHER L 101 CHARLOIS BLVD, SUITE 102 WINSTON-SALEM, NC 27103
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 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 # _____