2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000002582

1. Entity Name
SKIP CORPORATION OF DELAWARE

Principal Place of Business
10850 WEST PARK PLACE
500
MILWAUKEE, WI 53224 US

Mailing Address
10850 WEST PARK PLACE
500
MILWAUKEE, WI 53224 US

01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-1225135
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
1395 PANTHER LN STE 300
NAPLES, FL 34109-7874

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000411172
02/09/06-80064-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FISHER, STEPHEN M
STREET ADDRESS	11414 WEST PARK PLACE, SUITE 107
CITY-ST-ZIP	MILWAUKEE, WI 53224
TITLE	PD
NAME	ELLIS, KEVIN P
STREET ADDRESS	10850 WEST PARK PLACE, SUITE 500
CITY-ST-ZIP	MILWAUKEE, WI 53224
TITLE	VD
NAME	BISHOFF, SUSAN K
STREET ADDRESS	13325 MAPLEWOOD COURT
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	AVERILL, ROBERT
STREET ADDRESS	5401 MARIPOSA/P.O. BOX 2467 N/A
CITY-ST-ZIP	RANCHO SANTA FE, CA 92067
TITLE	D
NAME	KASTEN, ALEXANDER M
STREET ADDRESS	11 SAGO PALM ROAD
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	TS
NAME	BARBEAU, ANTHONY M
STREET ADDRESS	10850 WEST PARK PLACE, SUITE 500
CITY-ST-ZIP	MILWAUKEE, WI 53224

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: _____ 1/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #