

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004971

Entity Name: SKIPPER BUD'S OF ILLINOIS, INC.

FILED
May 22, 2008
Secretary of State

Current Principal Place of Business:

C/O HALIFAX HARBOR MARINA
450 BASIN STREET
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

215 NORTHPOINT DRIVE
WINTHROP HARBOR, IL 60096

New Mailing Address:

FEI Number: 39-1569150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLERBROCK, DENNIS
450 BASIN STREET
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELLERBROCK, DENNIS E
Address: 8760 CAMP LAKE ROAD
City-St-Zip: CAMP LAKE, WI 53109

Title: SD () Delete
Name: SUCHOMEL, AMY P
Address: S103 W19439 KELSEY DR.
City-St-Zip: MUSKEGO, WI 53150

Title: V () Delete
Name: THEISEN, RONALD P
Address: 1919 SOUTH MARINA DRIVE
City-St-Zip: MILWAUKEE, WI 532071258

Title: D () Delete
Name: PRETASKY, MICHAEL J SR.
Address: 6312 TARRY LANE
City-St-Zip: NASHOTAH, WI 53058

Title: D () Delete
Name: PRETASKY, MICHAEL J JR.
Address: 6300 CRANE CT.
City-St-Zip: WATERFORD, WI 53072

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RONALD P THEISEN

V

05/22/2008

Electronic Signature of Signing Officer or Director

Date