## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000004971

FILED Apr 08, 2009 Secretary of State

DOCON	/IEIN I # F98	00000497 1		Secretary of State		
Entity Na	me: SKIPPEF	BUD'S OF ILLINOIS, INC.				
Current Principal Place of Business:			New Prin	New Principal Place of Business:		
450 BASIN	FAX HARBOR NSTREET NBEACH, FL					
Current Mailing Address:			New Mail	New Mailing Address:		
	THPOINT DRIV OP HARBOR, I					
FEI Number: 39-1569150 FEI Number Applied For ( )			FEI Number Not App	FEI Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and	l Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD				
	named entity e of Florida.	submits this statement for the	purpose of changing	its registere	ed office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered A	gent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( ELLERBROCK 8760 CAMP LA CAMP LAKE, V	KE ROAD	Title: Name: Address: City-St-Zip:	215 NORTH	(X) Change ( ) Addition OCK, DENNIS E H POINT DRIVE P HARBOR, IL 60096	
Title: Name: Address: City-St-Zip:	SD ( SUCHOMEL, A S103 W19439 MUSKEGO, W	KELSEY DR.	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition L, AMY P ERNAIL ROAD E, WI 53072	
Title: Name: Address: City-St-Zip:	V ( THEISEN, RON 1919 SOUTH N MILWAUKEE, Y	IARINA DRIVE	Title: Name: Address: City-St-Zip:		(X) Change()Addition RONALD P H POINT DRIVE P HARBOR, IL 60096	
Title: Name: Address:	D ( PRETASKY, M 6312 TARRY L		Title: Name: Address:		(X) Change()Addition /, MICHAEL J SR. ERNAIL ROAD	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PEWAUKEE, WI 53072

PRETASKY, MICHAEL J JR.

1030 SILVERNAIL ROAD

PEWAUKEE, WI 53072

(X) Change ( ) Addition

SIGNATURE: RONALD THEISEN VP 04/08/2009

NASHOTAH, WI 53058

6300 CRANE CT.

PRETASKY, MICHAEL J JR.

WATERFORD, WI 53072

( ) Delete

City-St-Zip:

Title:

Name:

Address:

City-St-Zip: