

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004971

FILED  
Apr 26, 2011  
Secretary of State

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

**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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PRETASKY, MICHAEL J JR  
Address: 1030 SILVERNAIL ROAD  
City-St-Zip: PEWAUKEE, WI 53072

Title: SD  
Name: SUCHOMEL, AMY P  
Address: 1030 SILVERNAIL ROAD  
City-St-Zip: PEWAUKEE, WI 53072

Title: V  
Name: THEISEN, RONALD P  
Address: 215 NORTH POINT DRIVE  
City-St-Zip: WINTHROP HARBOR, IL 60096

Title: CEO  
Name: PRETASKY, MICHAEL J SR.  
Address: 1030 SILVERNAIL ROAD  
City-St-Zip: PEWAUKEE, WI 53072

Title: EVP  
Name: ELLERBROCK, DENNIS  
Address: 215 NORTH POINT DRIVE  
City-St-Zip: WINTHROP HARBOR, IL 60096

I hereby 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 all other like empowered.

SIGNATURE: RONALD THEISEN

V

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date