2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 8:00 am
Secretary of State
02-27-2008 90019 041 ***150.00

DOCUMENT # M66086

1. Entity Name
SKINNER HORIZONTAL UTILITIES SERVICE, INC.

Principal Place of Business
1104 E. MACCLENNY AVE.
MACCLENNY FL 32063
US

Mailing Address
PO BOX 209
BRYCEVILLE FL 32009
US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-2865997 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SKINNER, LARRY DOUGLAS
10098 SW 69TH STREET
HAMPTON FL 32044

7. Name and Address of New Registered Agent

Name: Skinner Larry Douglas
Street Address (P.O. Box Number is Not Acceptable): 2821 Apache Avenue
City: Jacksonville FL Zip Code: 32210

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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	P ☐ Change ☐ Addition
NAME	SKINNER, LARRY DOUGLAS		NAME	Skinner, Larry Douglas
STREET ADDRESS	10098 SW 69TH STREET		STREET ADDRESS	2821 Apache Avenue
CITY-ST-ZIP	HAMPTON FL 32044		CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	ST	☐ Delete	TITLE	ST ☐ Change ☐ Addition
NAME	SKINNER, FRANCES REBECCA		NAME	Skinner, Frances Rebecca
STREET ADDRESS	10098 SW 69TH STREET		STREET ADDRESS	2821 Apache Avenue
CITY-ST-ZIP	HAMPTON FL 32044		CITY-ST-ZIP	Jacksonville, Fl 32210
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Frances R Skinner 2/19/08 9043840910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #