

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001459

FILED
Jul 09, 2009
Secretary of State

Entity Name: EXPERIMENTAL SKELETON INC.

Current Principal Place of Business:

112 N. MULRENNAN RD.
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

112 N. MULRENNAN RD.
VALRICO, FL 33594

New Mailing Address:

FEI Number: 20-2345349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DORSEY, BOB
112 N. MULRENNAN RD.
VALRICO, FL 33594 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: DP () Delete
Name: GRIFFITH, JOE
Address: 314 WEST IDA STREET
City-St-Zip: TAMPA, FL 33603

Title: DS () Delete
Name: O'DONNELL, KYM
Address: 314 WEST IDA STREET
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: DORSEY, BOB
Address: 112 N MULRENNAN RD
City-St-Zip: VALRICO, FL 33594

Title: DV () Delete
Name: TAYLOR, BRIAN M
Address: 918 E SAINT CLAIR STREET
City-St-Zip: TAMPA, FL 33605

Title: DT () Delete
Name: TAYLOR, ANN-ELIZA M
Address: 918 E SAINT CLAIR STREET
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GRIFFITH, JOE
Address: 2929 N. 15TH STREET
City-St-Zip: TAMPA, FL 33605

Title: DS (X) Change () Addition
Name: O'DONNELL, KYM
Address: 2929 N. 15TH STREET
City-St-Zip: TAMPA, FL 33605

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB DORSEY

D

07/09/2009

Electronic Signature of Signing Officer or Director

Date