## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000061873

Entity Name: HEALTHSKILLS INSTITUTE, INC.

FILED Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

832 MAPLE CT. 163 E. MORSE BLVD. MAITLAND, FL 32751 SUITE 210

WINTER PARK, FL 32789

**Current Mailing Address: New Mailing Address:** 

11203 RANCH ROAD 2222 832 MAPLE CT. UNIT 1407 MAITLAND, FL 32751

AUSTIN, TX 78730

FEI Number: 59-3659680 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOSS, TERRY ALLYN GOSS, TERRY ALLYN 832 MÁPLE CT. 163 E. MORSE BLVD. MAITLAND, FL 32751

SUITE 210 US WINTER PARK, FL 32789 US

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: 04/30/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition GOSS, TERRY ALLYN Name: Name: GOSS, TERRY ALLYN 832 MAPLE CT. Address: 11203 RANCH ROAD 2222 UNIT 1407 Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: AUSTIN, TX 78730

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: TERRY ALLYN GOSS 04/30/2007 D