2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000027571

1. Entity Name
SKIDMARKS, INC.

Principal Place of Business	Mailing Address
5601 US HWY 98 NORTH LAKELAND, FL 33809	5601 US HWY 98 NORTH LAKELAND, FL 33809

DO NOT WRITE IN THIS SPACE

04252008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
52-2301353	Not Applicable

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

6. Name and Address of Current Registered Agent

PATERNOSTRO, JAMES B
5601 US HWY 98 NORTH
LAKELAND, FL 33809

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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**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000927342 05/20/08-80102-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PATERNOSTRO, JAMES
STREET ADDRESS	5601 US HWY 98 N
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	S
NAME	PATERNOSTRO, JANE
STREET ADDRESS	5601 US HWY 98 N
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Paternostro   4/25/08   863 859-3230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #