


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90163 046 \*\*\*150.00

<b>DOCUMENT # P01000033689</b> 1. Entity Name <b>SKH SUPPORT SERVICES, INC.</b>					
Principal Place of Business <b>1168 DONOVAN STREET INTERLACHEN, FL 32148</b>			Mailing Address <b>1168 DONOVAN STREET INTERLACHEN, FL 32148</b>		
2. Principal Place of Business <b>4239 ST RD 21</b> Suite, Apt. #, etc.		3. Mailing Address <b>4239 ST RD 21</b> Suite, Apt. #, etc.			
City & State <b>KeyStone Heights, FL</b> Zip <b>32656</b>		City & State <b>KeyStone Heights, FL</b> Zip <b>32656</b>		4. FEI Number <b>59-3702677</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HENDRIX, SHERRIE 1168 DONOVAN STREET INTERLACHEN, FL 32148</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 <u><i>Sherrie Hendrix / Sherrie Hendrix</i></u> DATE <u><i>4/26/04</i></u> <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENDRIX, SHERRIE</b> <b>1168 DONOVAN STREET</b> <b>INTERLACHEN, FL 32148</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENDRIX, Sherrie</b> <b>4239 ST RD 21</b> <b>KEYSTONE Heights, FL 32656</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Sherrie Hendrix / Sherrie Hendrix</i></u>			Date <u><i>4/26/04</i></u> Daytime Phone #		