2006 FOR PROFIT CORPORATION

FILED May 03, 2006 08:00 AM

ANNUAL REPORT				Secretary of State		
1. Entity Nam	MENT # P0100006329 SKES FARMS, INC.				seer ettar j	or state
3906 MCINTOSH ROAD P		Mailing Address POST OFFICE BOX 337 DOVER, FL 33\$27		 	I (BANDU AAAB HURA HURA SEERUES II UUS
D	O NOT WRITE II	-	CE		No Chg-P C	R2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Regulred
6. Name and Address of Current Registered Agent DUKES, JOHN 3908 MCINTOSH ROAD DOVER, FL 33527					IOT WRI	
8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent. SIGNATURE Signature, typed or pinled name of registered agent and title it applicable. (NOTE: Registered Agent signature FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.						I am familiar with, and accept
10. TITLE MANC STREET ADDRESS CITY-ST-ZIP TITLE	D DUKES, JOHN POST OFFICE BOX 337 DOVER, FL 33527	CTORS		!	U0000056 05/18/06-80	1060 065-012 150,00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUKES, SUSAN POST OFFICE BOX 337 DOVER, FL 33527	· · · · · · · · · · · · · · · · · · ·	- <u></u>	DO N	OT WR	 ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				IN TI	HIS SPA	CE
STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the Information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, Florida Statutes. I turner 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MAME STREET AUDRESS CRTY-ST-ZIP