

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086303

FILED
Apr 22, 2004
Secretary of State

Entity Name: SKI-MORE, INC.

Current Principal Place of Business:

856 E CAPE CORAL PARKWAY
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100523
CAPE CORAL, FL 339100523

New Mailing Address:

2304 S.E. 19TH PLACE
CAPE CORAL, FL 33990 US

FEI Number: 65-1142651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, LON C II
2304 SE 19TH PLACE
CAPE CORAL, FL 33990 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELLIOTT, LON C II
Address: 2304 SE 19TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: T () Delete
Name: ELLIOTT, PATRICIA M
Address: 2304 SE 19TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: S () Delete
Name: FITCH, WAYNE A
Address: 2033 SE 21ST LANE
City-St-Zip: CAPE CORAL, FL 33990

Title: V () Delete
Name: FITCH, MARIE A
Address: 2033 SE 21ST LANE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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: LON C. ELLIOTT, II

P

04/22/2004

Electronic Signature of Signing Officer or Director

Date