

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086303

Entity Name: SKI-MORE, INC.

FILED
Feb 15, 2008
Secretary of State

Current Principal Place of Business:

2033 S.E. 21ST LANE
CAPE CORAL, FL 33990 US

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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 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: LON C. ELLIOTT, II

P

02/15/2008

Electronic Signature of Signing Officer or Director

Date