

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90290 009 \*\*\*150.00

**DOCUMENT # P02000001973**

1. Entity Name  
**SKN ENTERPRISES, INC.**



Principal Place of Business

2455 NW 89TH DRIVE #204  
CORAL SPRINGS, FL 33065

Mailing Address

2455 NW 89TH DRIVE #204  
CORAL SPRINGS, FL 33065

4630 N. University Dr #457  
Coral Springs, FL 33067

4630 N. University #457  
Coral Springs, FL 33067

44038592



**DO NOT WRITE IN THIS SPACE**

03042004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**02-0534569**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEIGER, SHANNON K  
2455 NW 89TH DRIVE #204  
CORAL SPRINGS, FL 33065

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEIGER, SHANNON Browner, Shannon Neiger
STREET ADDRESS	2455 N.W. 89TH DR., #204
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHANNON NEIGER BROWNER

4/22/04 954-240-6961

Date

Daytime Phone #