



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90038 028 \*\*\*150.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # P02000021746</b><br>1. Entity Name<br><b>SKATE &amp; SHAKE, INC.</b>  |  |   |  |    |  |
| Principal Place of Business<br><b>250 N US 1</b><br><b>ORMOND BEACH FL 32174</b>  |  |   |  | Mailing Address<br><b>250 N US 1</b><br><b>ORMOND BEACH FL 32174</b>  |  |
| 2. Principal Place of Business<br><b>250 N. US 1</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>250 N. US 1</b><br>Suite, Apt. #, etc. |  | <br>MOORE CR2E034 (11/03)  |  |
| City & State<br><b>Ormond Beach, FL</b>   |  | City & State<br><b>Ormond Beach, FL</b>                         |  |   |  |
| Zip<br><b>32174</b>   |  | Zip<br><b>32174</b>   |  |   |  |
| Country<br><b>Volusia</b>   |  | Country<br><b>Volusia</b>                                       |  |   |  |
| 4. FEI Number <b>04-3611964</b>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 6. Name and Address of Current Registered Agent<br><b>TAMM, R. EUGENE ESQ</b><br><b>408 N. WILD OLIVE AVE.</b><br><b>DAYTONA BEACH FL 32118</b>   |  |   |  |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b> <input type="checkbox"/> Delete<br><b>SCHARTIGER, CHERYL</b><br><b>465 BRYANT ST.</b><br><b>ORMOND BEACH FL 32174</b>           |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>P. Gray, Cheryl L</b><br><b>362 Tymber Run</b><br><b>Ormond Beach, FL 32174</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b> <input checked="" type="checkbox"/> Delete<br><b>SCHARTIGER, RICKY</b><br><b>465 BRYANT ST.</b><br><b>ORMOND BEACH FL 32174</b> |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b> <input type="checkbox"/> Delete<br><b>PAUZ'E, PENNY JO</b><br><b>PO BOX 413</b><br><b>ORMOND BEACH FL 32175</b>                 |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b> <input type="checkbox"/> Delete<br><b>PAUZ'E, MARTIN W</b><br><b>PO BOX 413</b><br><b>ORMOND BEACH FL 32175</b>                 |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |  |   |  |
| <b>SIGNATURE: Cheryl Gray Cheryl Gray</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <span><b>1/27/04</b><br/><small>Date</small></span> <span><b>386 672 8500</b><br/><small>Daytime Phone #</small></span> </div>   |  |   |  |   |  |