

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046408

FILED  
Mar 26, 2005  
Secretary of State

Entity Name: SKINNY'S PLACE, INC.

**Current Principal Place of Business:**

3901 GULF DRIVE N.  
HOLMES BEACH, FL 34217

**New Principal Place of Business:**

**Current Mailing Address:**

3901 GULF DRIVE N.  
HOLMES BEACH, FL 34217

**New Mailing Address:**

FEI Number: 30-0076119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLALOCK, LANDERS, WALTER & VOGLER, P.A.  
802 11TH STREET  
BRADENTON, FL 34205 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: FREEMAN, JAN R  
Address: 522 31ST ST. WEST  
City-St-Zip: BRADENTON, FL 34205

Title: VP ( ) Delete  
Name: FREEMAN, CLARK C  
Address: 3901 GULF DR. N.  
City-St-Zip: HOLMES BEACH, FL 34217

Title: S ( ) Delete  
Name: FREEMAN, ESTELLA R  
Address: 551 BROADWAY APT. #6  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T ( ) Delete  
Name: FREEMAN-HEINLEIN, MAGGIE E  
Address: 522 31ST. STREET WEST  
City-St-Zip: BRADENTON, FL 34205

Title: D ( ) Delete  
Name: FREEMAN, GARY C  
Address: 572 10TH AVE.  
City-St-Zip: SAN FRANCISCO, CA 94118

**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:

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: ESTELLA R FREEMAN

S

03/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date