

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046408

FILED
Apr 30, 2009
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:

3901 GULF DRIVE
HOLMES BEACH, FL 34217

Current Mailing Address:

3901 GULF DRIVE N.
HOLMES BEACH, FL 34217

New Mailing Address:

3901 GULF DRIVE
HOLMES BEACH, FL 34217

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: 1018 CASABELLA DR
City-St-Zip: BRADENTON, FL 34209

Title: VP () Delete
Name: FREEMAN, CLARK C
Address: 522 31ST STREET WEST
City-St-Zip: BRADENTON, FL 34205

Title: S () Delete
Name: FREEMAN, ESTELLA R
Address: 306 30TH STREET WEST
City-St-Zip: BRADENTON, FL 34205

Title: T () Delete
Name: FREEMAN, MAGGIE E
Address: 3954 75TH STREET WEST APT #1006
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: FREEMAN, GARY C
Address: 64 ELIZABETH WAY
City-St-Zip: NOVATO, CA 94945

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: T (X) Change () Addition
Name: FREEMAN, MAGGIE E
Address: 700 FOX STREET
City-St-Zip: LONGBOAT KEY, FL 34228

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: ESTELLA R FREEMAN

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date