2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000019097

1. Entity Name
SKORPION ENTERPRISE INC

Principal Place of Business	Mailing Address
18854 BIG CYPRESS DR	18854 BIG CYPRESS DR
JUPITER, FL 33458	JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

04072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
75-3101103	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HICKS, TIMOTHY
18854 BIG CYPRESS DR
JUPITER, FL 33458

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, 2005 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	HICKS, TIMOTHY
STREET ADDRESS	18854 BIG CYPRESS DR
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	V
NAME	HICKS, CHRISTINE
STREET ADDRESS	18854 BIG CYPRESS DR
CITY-ST-ZIP	JUPITER, FL 33458

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000295880
04/09/05-80045-013 150.00

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: _____ Timothy Hicks ___ 4/7/05 ___ 561-746-3144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #