



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90066 019 ***150.00

DOCUMENT # P03000022572 1. Entity Name COVERT SKATE, INC.																																																													
Principal Place of Business 2430 E. ROBINSON STREET ORLANDO, FL 32801			Mailing Address 2430 E. ROBINSON STREET ORLANDO, FL 32801																																																										
2. Principal Place of Business 2428 E. Robinson St. Suite, Apt. #, etc.			3. Mailing Address 2428 E. Robinson St. Suite, Apt. #, etc.																																																										
City & State Orlando, FL Zip 32801		City & State Orlando, FL Zip 32801		4. FEI Number 59 376 8580																																																									
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																									
6. Name and Address of Current Registered Agent BARNES, FREDERICK C ESQ. 112 E. CONCORD ST. ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																										
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>President William F. Durham</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1002 E. Jackson St</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Orlando, FL 32801</td> </tr> <tr> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Vice President Tommy Barger</td> </tr> <tr> <td>STREET ADDRESS</td> <td>340 Timber Ave</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Orlando, FL 32804</td> </tr> <tr> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Treasurer William F. Durham</td> </tr> <tr> <td>STREET ADDRESS</td> <td>(Same as above)</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Secretary Tommy Barger</td> </tr> <tr> <td>STREET ADDRESS</td> <td>(Same as above)</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Director William F. Durham</td> </tr> <tr> <td>STREET ADDRESS</td> <td>(Same as above)</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Director William F. Durham</td> </tr> <tr> <td>STREET ADDRESS</td> <td>(Same as above)</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	President William F. Durham	STREET ADDRESS	1002 E. Jackson St	CITY - ST - ZIP	Orlando, FL 32801	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	Vice President Tommy Barger	STREET ADDRESS	340 Timber Ave	CITY - ST - ZIP	Orlando, FL 32804	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	Treasurer William F. Durham	STREET ADDRESS	(Same as above)	CITY - ST - ZIP		TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	Secretary Tommy Barger	STREET ADDRESS	(Same as above)	CITY - ST - ZIP		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	Director William F. Durham	STREET ADDRESS	(Same as above)	CITY - ST - ZIP		TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	Director William F. Durham	STREET ADDRESS	(Same as above)	CITY - ST - ZIP	
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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:  William Durham 3/30/04 (407) 375-4109 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																													