

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038034

FILED
Mar 30, 2004
Secretary of State

Entity Name: SHESKIN ESCAPADES, INC.

Current Principal Place of Business:

48 WAKULLA STREET
SOPCHOPPY, FL 32358

New Principal Place of Business:

Current Mailing Address:

48 WAKULLA STREET
SOPCHOPPY, FL 32358

New Mailing Address:

FEI Number: 01-0775615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANE, DEBBIE S
48 WAKULLA STREET
SOPCHOPPY, FL 32358 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: JORDAN, CYNTHIA S
Address: 6 YELLOW JACKET AVENUE
City-St-Zip: SOPCHOPPY, FL 32358 US

Title: VP () Delete
Name: CHANE, DEBBIE S
Address: 48 WAKULLA STREET
City-St-Zip: SOPCHOPPY, FL 32358 US

Title: TR. () Delete
Name: CHANE, DEBBIE S
Address: 48 WAKULLA STREET
City-St-Zip: SOPCHOPPY, FL 32358 US

Title: SEC. () Delete
Name: JORDAN, CYNTHIA S
Address: 6 YELLOW JACKET AVENUE
City-St-Zip: SOPCHOPPY, FL 32358 US

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:

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: CYNTHIA S JORDAN

P

03/30/2004

Electronic Signature of Signing Officer or Director

_____ Date