

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-09-2004 90048 014 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000047933 1. Entity Name SKIP CROWDER, INC.					
Principal Place of Business 1255 MASON AVENUE DAYTONA BEACH FL 32117			Mailing Address 1255 MASON AVENUE DAYTONA BEACH FL 32117		
2. Principal Place of Business 16 Palmetto Dukes Ct. Suite, Apt. #, etc.		3. Mailing Address 16 Palmetto Dukes Ct. Suite, Apt. #, etc.			
City & State Ormond Beach, FL 32174 Zip Country 32174 USA		City & State Ormond Beach, FL 32174 Zip Country 32174 USA		4. FEI Number 81-0586091	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145			7. Name and Address of New Registered Agent Name Richard K. Churchman, P.A. Street Address (P.O. Box Number is Not Acceptable) 1255 Mason Avenue City Daytona Beach FL Zip Code 32117		
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 <u><i>Richard K. Churchman, Pres</i></u> DATE <u><i>3/13/04</i></u> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD CROWDER, BUFORD C JR. 1255 MASON AVENUE DAYTONA BEACH FL 32117 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 16 Palmetto Dukes Court Ormond Beach, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Buford C Crowder Jr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u><i>3-5-04</i></u> Daytime Phone # <u><i>386 672-1867</i></u>	