


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90020 037 ***150.00

DOCUMENT # P03000051423					
1. Entity Name CT SKILLERN, INC.					
Principal Place of Business 1083 N COLLIER BLVD #310 MARCO ISLAND, FL 34145			Mailing Address 1083 N COLLIER BLVD #310 MARCO ISLAND, FL 34145		
2. Principal Place of Business 159 W. Pago Pago			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Naples, FL			City & State Naples, FL		
Zip 34113		Country		Country	
4. FEI Number 02-0688657				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKILLERN, CHARLES T 1083 N COLLIER BLVD #310 MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name: Skillern, Charles T. Street Address (P.O. Box Number is Not Acceptable): 159 W. Pago Pago City: Naples FL Zip Code: 34113		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME SKILLERN, CHARLES T		<input type="checkbox"/> Delete		
STREET ADDRESS 1083 N COLLIER BLVD #310	CITY-ST-ZIP MARCO ISLAND, FL 34145		<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		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
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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: _____ Charles T. Skillern 770.605.4926					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1-17-04 Daytime Phone #					

24003869



01172004 Chg-P CR2E034 (10/03)