## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000099600

Entity Name: SKOVENN, INCORPORATED

PALM BEACH GARDENS, FL 33410

City-St-Zip:

FILED Mar 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 607 NORTHLAKE BOULEVARD NORTH PALM BCH, FL 33408 **Current Mailing Address: New Mailing Address:** 607 NORTHLAKE BOULEVARD NORTH PALM BCH, FL 33408 FEI Number: 20-0276065 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRUISE, KAREN 1463 FLÁGLER BLVD. LAKE PARK, FL 33403 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: () Change () Addition CRUISE, KAREN Name: Name: 1463 FLAGLER BLVD. Address: Address: City-St-Zip: LAKE PARK, FL 33403 City-St-Zip: Title: VD () Delete Title: (X) Change ( ) Addition Name: BICKEL, JENNIFER Name: BICKEL, JENNIFER 12120 HWY. ALTERNATE A1A #H2 8782 MARY CIRCLE Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KAREN CRUISE PSTD 03/23/2009

PALM BEACH GARDENS, FL 33410