2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2004 8:00 am Secretary of State 03-05-2004 90016 035 ***150.00

NAME STREET ADDRESS CITY-S1-ZIP TITLE Delete NAME STREET ADDRESS CITY-S1-ZIP TITLE CHange NAME STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP	1. Entity Nam	MENT # PU3UUU11 SKELLY, INCORPORATE					
Sulfe, Apt. #. etc. Sulfe, Apt. #. etc. O1082004 Chg-P CR2E034 (10/03) City & State Country Zip Country State A. FEI Number Applied For Not Applied Fo	3234 W. KELLY PARK RD.		3234 W. KELLY PARK RD.		66407295		
City & State City & State Desired	2. Principal P	lace of Business	3. Mailing Address				
Section Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082004 Chg-P	CR2E034 (10/03	3)
E. Name and Address of Current Registered Agent SKELLY, NANCY. J SZ94 W. KELLY PARK RD. APOPKA, FL 32712 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fords. I am familier with, and accept the obligations of registered agent, you to private many or registered agent, or both, in the State of Fords. I am familier with, and accept the obligations of registered agent, you to private many or registered agent, or both, in the State of Fords. I am familier with, and accept the obligations of registered agent, you do private many or registered agent, or both, in the State of Fords. I am familier with, and accept the obligations of registered agent, you do private many or registered agent, or both, in the State of Fords. I am familier with, and accept the obligations of registered agent, you do private many or registered agent, or both, in the State of Fords. I am familier with, and accept the obligations of registered agent, you do private many or registered agent, or both, in the State of Fords. I am familier with, and accept the obligations of registered agent, or both, in the State of Fords. I am familier with, and accept the obligations of registered agent, or both, in the State of Fords. I am familier with, and accept the obligations of registered agent, or both, in the State of Fords. I am familier with, and accept the obligations of registered agent, or both, in the State of Fords. I am familier with, and accept the obligations of registered agent, or both, in the State of Fords. I am familier with, and accept the obligations of Fords. I am familier with, and accept the obligations of Fords. I am familier with, and accept the obligations of Fords. I am familier with, and accept the obligations of Fords. I am familier with an accept the familier with an accept the familier with a familier with an accept the familier with an accept the familier with a familier with a familier with an accept the f	City & State		City & State		4. FEI Number	307	
SKELLY, NANCY. J Street Address of New Registered Agent 7. Name and Address of New Registered Agent SKELLY, NANCY. J Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fioride. I am familiar with, and accept the obligations of registered agent, and the statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fioride. I am familiar with, and accept the obligations of registered agent, and the statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fioride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioride. Signet Address. Sig	Zip Country		Zip	Country	T	iced □ \$8.75 A	dditional
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of t		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Separative	3234 W. KI	ELLY PARK RD.	ير بايستانه	Street Address	s (P.O. Box Number is Not Acce	ptable)	
the obligations of registered agent. SIGNATURE Signature Signature Speakers Sp				City		FL Zip C	ode
FILE NOWITH. FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 SEENT MORES OFFICERS AND DIRECTORS TITLE PD SKELLY, J. BRIAN SKELLY, J. BRIAN SKELLY, J. BRIAN SKELLY ARR RD. CITY-ST-2P TITLE MAKE SIREF ADDRESS CITY-ST-2P TITLE MAKE SIREF ADDRESS CITY-ST-2P TIT	the obligati	ions of registered agent.	for the purpose of changing its r	egistered office or regist	lered agent, or both, in the State	of Florida. I am familiar wit	h, and accept
After May 1, 2004 Fee will be \$350,00 Trust Fund Contribution. Added to Fees 10.	SIGNATURE		Phi and sitle if applicable. (NOTE:	Registered Agent signature requi	red when reinstating)	DATE	
TITLE NAME SKELLY, J. BRIAN SIREF ADDRESS CITY-ST-2P TITLE NAME SIREF ADDRESS CITY-ST-2P TITLE NAME SIREF ADDRESS CITY-ST-2P TITLE NAME SIREF ADDRESS CITY-ST-2P TITLE Debts TITLE NAME SIREF ADDRESS CITY-ST-2P TITLE Debts TITLE Debts TITLE NAME SIREF ADDRESS CITY-ST-2P TITLE NAME SIREF ADDRESS CITY-ST-2P TITLE Debts TITLE Debts TITLE Debts TITLE Debts TITLE NAME SIREF ADDRESS CITY-ST-2P TITLE NAME SIREF ADDRESS CITY-ST-2P TITLE Debts TITLE Debts TITLE NAME SIREF ADDRESS CITY-ST-2P TITLE Debts TITLE NAME SIREF ADDRESS CITY-ST-2P TITLE Debts TITLE NAME SIREF ADDRESS CITY-ST-2P TITLE Debts TITLE Debts TITLE NAME SIREF ADDRESS CITY-ST-2P TITLE NAME SIREF ADDRESS CITY-ST-2P TITLE Debts TITL					5.00 May Be orded to Fees	·	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 cath; 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 life empowered.	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS		— — — Chang	e 🖸 Addition-
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SIGNATURE: 3-2-04 SIGNATURE AND TYPED OR PROPER MANE ON BIGHTON Date Designe Proper	l indicated	l on this report or supplemental repo	rt is true and accurate and that m	w signature shall have th	he same legal effect as if made t 507, Florida Statutes; and that m	ander cath; that I am an offic y name appears in Block 10	per or director 1
	SIGNAT	TURE: SCHATURE AND TYPED I	OR PRINTED HAME OF SIGNING OFFICER O	ON DERECTOR	3-2-0 Date	Deytime Prone	