## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000129885

Entity Name: SKATE PCB, INC.

City-St-Zip:

PANAMA CITY BEACH, FL 32407 US

FILED Apr 30, 2007 Secretary of State

Littly Nai	ille. SKATEF	CB, INC.				
Current Principal Place of Business:				New Principal Place	New Principal Place of Business:	
	RICH ROAD CITY BEACH, I	FL 32407	US			
Current Mailing Address:				New Mailing Addres	New Mailing Address:	
	RICH ROAD CITY BEACH, I	FL 32407	US			
FEI Number:	: 30-0215810	FEI Numbe	er Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:	
BASS, WILLIAM D SEC/TRE 513 BEACKRICH ROAD PANAMA CITY BEACH, FL 32401 US				513 BÉCKRICH ROA	BASS, WILLIAM D SEC/TRE 513 BECKRICH ROAD PANAMA CITY BEACH, FL 32401 US	
The above in the State	named entity s e of Florida.	submits this	statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:					04/30/2007	
	Electron	ic Signatur	e of Registered Ag	ent	Date	
Election Car	npaign Financing	g Trust Fund	Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () ANDRUS, WAY 513 BECKRICH PANAMA CITY	ROAD	2407 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( ) BASS, KATHY : 513 BECKRICH PANAMA CITY	ROAD	2407 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	STD () BASS, WILLIAM 513 BECKRICH			Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: WAYNE ANDRUS PD 04/30/2007