2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000153100

1. Entity Name
SKIP & JUDY'S, INC.

Principal Place of Business	Mailing Address
45673 HWY 27 SUITE 13 DAVENPORT, FL 33897 US	45673 HWY 27 SUITE 13 DAVENPORT, FL 33897 US

DO NOT WRITE IN THIS SPACE

04112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
45-0530760	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CENTRAL FLORIDA VISA GROUP, INC.
590 SOUTH OAK AVENUE
BARTOW, FL 33830

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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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TOMLINS, HENRY
STREET ADDRESS	610 SUNRIDGE WOODS BLVD.
CITY-ST-ZIP	DAVENPORT, FL 33837

TITLE	VP
NAME	TOMLINS, JUDY
STREET ADDRESS	610 SUNRIDGE WOODS BLVD.
CITY-ST-ZIP	DAVENPORT, FL 33837

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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04/30/07-80052-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Judith P. Tomlins   Judith P. Tomlins   4/16/07   863-420-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #