

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153100

Entity Name: SKIP & JUDY'S, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

45673 HWY 27
SUITE 13
DAVENPORT, FL 33897 US

New Principal Place of Business:

Current Mailing Address:

45673 HWY 27
SUITE 13
DAVENPORT, FL 33897 US

New Mailing Address:

FEI Number: 45-0530760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: TOMLINS, HENRY
Address: 610 SUNRIDGE WOODS BLVD.
City-St-Zip: DAVENPORT, FL 33837 US

Title: VP () Delete
Name: TOMLINS, JUDY
Address: 610 SUNRIDGE WOODS BLVD.
City-St-Zip: DAVENPORT, FL 33837 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: JUDY TOMLINS

VP

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date