

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90047 030 ***158.75

DOCUMENT # P04000021154					
1. Entity Name SKILES & DAVIS ENGINEERING, P.A. <i>Skiles Davis + Baker, P.A.</i>					
Principal Place of Business 1633 SAN MARCO BOULEVARD SUITE 5 JACKSONVILLE, FL 32207 US			Mailing Address 1633 SAN MARCO BOULEVARD SUITE 5 JACKSONVILLE, FL 32207 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02152008 Chg-P CR2E034 (12/06)	
4. FEI Number 20-0706445				Applied For Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONTEGA BUSINESS SERVICES, LLC ONE INDEPENDENT DRIVE SUITE 1200 JACKSONVILLE, FL 32202			Name <i>Douglas L. Skiles</i> Street Address (P.O. Box Number is Not Acceptable) <i>1212 Mapleton Rd.</i> City <i>Jacksonville</i> FL Zip Code <i>32207</i>		
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <i>2-15-08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SKILES, DOUGLAS L. <input type="checkbox"/> Delete 1633 SAN MARCO BOULEVARD, SUITE 5 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DPS</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Skiles, Douglas L. 1633 San Marco Blvd. Suite 5 Jacksonville, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVIS, KYLE F <input type="checkbox"/> Delete 1633 SAN MARCO BOULEVARD, SUITE 5 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DT</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Baker, Bobby L. 1633 San Marco Blvd. Suite 5 Jacksonville, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>2-15-08</i> Daytime Phone # <i>904/396-6115</i>		