

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000021154

Entity Name: SKILES DAVIS & BAKER, P.A.

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1633 SAN MARCO BOULEVARD  
SUITE 5  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

1633 SAN MARCO BOULEVARD  
SUITE 5  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

FEI Number: 20-0706445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKILES, DOUGLAS L  
1212 MAPLETON RD  
JACKSONVILLE, FL 32207 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: SKILES, DOUGLAS L  
Address: 1633 SAN MARCO BLVD. SUITE 5  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DV  
Name: DAVIS, KYLE F  
Address: 1633 SAN MARCO BOULEVARD, SUITE 5  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DT  
Name: BAKER, BOBBY L  
Address: 1633 SAN MARCO BLVD. SUITE 5  
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS L. SKILES

DPS

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date