

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90772 001 ***600.00

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04112005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000033266 1. Entity Name SKULL & BONES, INC.					
Principal Place of Business 102 N SWINTON AVE DELRAY BEACH, FL 33444			Mailing Address 102 N SWINTON AVE DELRAY BEACH, FL 33444		
2. Principal Place of Business 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860		3. Mailing Address 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860		4. FEI Number 04112005 Chg-P CR2E034 (10/03)	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALESTRIERI, LEOPOLD 102 N SWINTON AVE DELRAY BEACH, FL 33444				7. Name and Address of New Registered Agent Name <u>Balestrieri, Leopold</u> Street Address <u>4700 NW Boca Raton Blvd.</u> <u>Suite 104</u> <u>Boca Raton, FL 33431-4860</u> City <u>FL</u> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D BALESTRIERI, LEOPOLD <input type="checkbox"/> Delete 102 N SWINTON AVE DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Balestrieri, Leopold <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860	
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	V-P Perrone, Frank <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 Andrews Avenue #3 Delray Beach, Florida 33483-7161	
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 exemption stated in Section 119.07(3)(i), 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: <u>Leopold Balestrieri, Pres</u> <u>4/15/05</u> <u>561-768-8499</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					