2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State
05-04-2005 90107 045 ***150.00

DOCUMENT # P04000091876

1. Entity Name
GLOBAL SKATE INC.

Principal Place of Business	Mailing Address
6814 RIDGE DR PORT RICHEY, FL 34668	6814 RIDGE DR PORT RICHEY, FL 34668

04252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6814 RIDGE ROAD		6814 RIDGE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PORT RICHEY FL		City & State: PORT RICHEY FL	
Zip: 34668	Country: USA	Zip: 34668	Country: USA

4. FEI Number: 14-1911010 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, DENISE
10324 INDIAN MOUND DR
NEW PORT RICHEY, FL 34654

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 NELSON, JEFFREY 10324 INDIAN MOUND DR NEW PORT RICHEY, FL 34654	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P President Jeffrey Nelson 10324 Indian Mound Rd. New Port Richey, Fl. 34654	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, DENISE 10324 INDIAN MOUND DR NEW PORT RICHEY, FL 34654	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vice President Denise Nelson 10324 Indian Mound Rd. NewPort Richey Fl. 34654	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Jeffrey Nelson Jeffrey Nelson Denise Nelson Denise Nelson 4-29-05 727-364-5951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #