

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000024732 1. Entity Name SKINNERS CUSTOM CONCEPTS INC	
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Principal Place of Business 1740 SE 44TH ST CAPE CORAL, FL 33904 US	Mailing Address 1740 SE 44TH STREET CAPE CORAL, FL 33904 US
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DO NOT WRITE IN THIS SPACE



04152007 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1660376	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SKRZYNIARZ, PAUL MR 1740 SE 44TH STREET CAPE CORAL, FL 33904	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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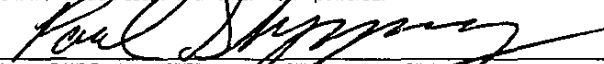
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKRZYNIARZ, PAUL 1740 SE 44TH STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SKRZYNIARZ, DEBORAH J 1740 SE 44TH STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SKRZYNIARZ, DEBORAH J 1740 SE 44TH STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SKRZYNIARZ, DEBORAH J 1740 SE 44TH STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/07-80045-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-16-07 Date	239.542-7642 Daytime Phone #
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