2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90268 036 ***158.75

DOCUMENT # P05000132647

1. Entity Name
BOBBIE SKINNER, P.A.

Principal Place of Business	Mailing Address
1904 E. BUSCH BLVD. TAMPA, FL 33612	1904 E. BUSCH BLVD. TAMPA, FL 33612

2. Principal Place of Business	3. Mailing Address
5908 IDLE FOREST DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State: Tampa, FL.	City & State
Zip: 33614 Country: HILLSBOROUGH	Zip Country

01112006 Chg-P CR2E034 (11/05)

4. FEI Number: 03-0571781 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKINNER, BOBBIE 5908 IDLE FOREST PLACE TAMPA, FL 33614	Name: PAT SPRAGUE Street Address (P.O. Box Number is Not Acceptable): 1904 E. BUSCH BLVD. City: TAMPA FL Zip Code: 33612

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	PSTD SKINNER, BOBBIE 1904 E. BUSCH BLVD. TAMPA, FL 33612	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BOBBIE SKINNER 5908 IDLE FOREST PL. Tampa, FL. 33614	☒ 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
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 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: BOBBIE SKINNER - Bobbie Skinner 1-11-06 813-494-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #