2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-22-2007 90021 048 ***150.00

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1. Entity Name
MIKE SKILES, INC.

Principal Place of Business	Mailing Address
3841 KRAMER COURT LAND O LAKES, FL 34643	3841 KRAMER COURT LAND O LAKES, FL 34643

DO NOT WRITE IN THIS SPACE

01302007 No Chg-P CR2E034 (11/05)

4. FEI Number: 33-1127080 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~SKILES, JOSEPH MIKE~~
~~3841 KRAMER COURT~~
~~LAND O LAKES, FL 34643~~

SKILES JOSEPH MIKE
1976 alt 19 south
TARPONSPRINGS FL 34689
34684

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

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 Fee

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SKILES, JOSEPH MIKE
STREET ADDRESS	3841 KRAMER COURT
CITY-ST-ZIP	LAND O LAKES, FL 34643
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joseph M Skiles 2-12-07 (813) 205-7550
SIGNATURE AND TYPED OR PRINTED NAME OF SKILES OFFICER OR DIRECTOR — Date — Daytime Phone #