


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90052 004 \*\*\*150.00

<b>DOCUMENT # P07000113803</b> 1. Entity Name <b>ML SKILLMAN INCORPORATED</b>			
Principal Place of Business <b>1051 79TH AVENUE NORTH</b> <b>ST. PETERSBURG, FL 33702 US</b>		Mailing Address <b>1051 79TH AVENUE NORTH</b> <b>ST. PETERSBURG, FL 33702 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1051 79th AVE NORTH</b>		3. Mailing Address <b>1051 79th AVE NORTH</b>	
Suite, Apt. #, etc. <b># 312</b>		Suite, Apt. #, etc. <b># 312</b>	
City & State <b>ST PETERSBURG FL</b>		City & State <b>ST PETERSBURG FL</b>	
Zip <b>33702</b>		Zip <b>33702</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>26-1240555</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SKILLMAN, MARIE</b> <b>1051 79TH AVENUE NORTH</b> <b>ST. PETERSBURG, FL 33702</b>		7. Name and Address of New Registered Agent Name <b>SKILLMAN, MARIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1051 79th AVE N # 312</b> City <b>ST PETERSBURG</b> <b>FL</b> Zip Code <b>33702</b>	
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 <u><i>Marie Skillman</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SKILLMAN, MARIE</b> <b>1051 79TH AVENUE NORTH</b> <b>ST. PETERSBURG, FL 33702</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1051 79th AVE NORTH # 312</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Marie Skillman</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-19-08 727-577-6193 Date Daytime Phone #	