

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016289

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: SKELTON ROGERS MARKET ENTERPRISE, INC.

**Current Principal Place of Business:**

974 FROST ST E  
JACKSONVILLE, FL 32221 US

**New Principal Place of Business:**

1506 KING ST  
JACKSONVILLE, FL 32204 US

**Current Mailing Address:**

974 FROST ST E  
JACKSONVILLE, FL 32221 US

**New Mailing Address:**

FEI Number: 26-1969451      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKELTON, KAREN K  
974 FROST ST E  
JACKSONVILLE, FL 32221 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/T ( ) Delete  
Name: SKELTON, KAREN K  
Address: 974 FROST ST E  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: VP ( ) Delete  
Name: SKELTON, RALPH G  
Address: 974 FROST ST E  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: VP/S ( ) Delete  
Name: ROGERS, KERRI L  
Address: 2861 OAK STREET  
City-St-Zip: JACKSONVILLE, FL 32205 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN K SKELTON

PRES

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date