

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000035488

Entity Name: G.H. SKIPPER, INC.

FILED
May 23, 2006
Secretary of State

Current Principal Place of Business:

3040 GODWIN LANE
PENSACOLA, FL 32526 US

New Principal Place of Business:

5989 N. BLUE ANGEL PARKWAY
PENSACOLA, FL 32526 US

Current Mailing Address:

P. O. BOX 37406
PENSACOLA, FL 32526 US

New Mailing Address:

5989 N. BLUE ANGEL PARKWAY
PENSACOLA, FL 32526 US

FEI Number: 59-3190430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKIPPER, GUY H JR
7725 MISTY PINES LANE
PENSACOLA, FL 32526 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SKIPPER, GUY H JR
Address: 7725 MISTY PINES LANE
City-St-Zip: PENSACOLA, FL 32526 US

Title: VP () Delete
Name: SKIPPER, KAREY LYNN
Address: 7725 MISTY PINES LANE
City-St-Zip: PENSACOLA, FL 32526

Title: VP (X) Delete
Name: POWELL, JESSIE D
Address: 6750 NOKOMIS ROAD
City-St-Zip: WALNUT HILL, FL 32568

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 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: KAREY LYNN SKIPPER

VP

05/23/2006

Electronic Signature of Signing Officer or Director

Date