

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000050403

FILED  
Sep 22, 2005  
Secretary of State

Entity Name: S K ENTERPRISES OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

HWY 267 NORTH  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 245  
QUINCY, FL 32351

**New Mailing Address:**

FEI Number: 59-3159749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUBER, JOHN W  
118 E. KING ST.  
QUINCY, FL 32351 US

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

SUBER, JOHN W  
118 E. KING ST.  
QUINCY, FL 32351 US

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: JOHN W SUBER

09/22/2005

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: CPTD ( ) Delete  
Name: SUBER, JOHN W  
Address: 118 E. KING ST.  
City-St-Zip: QUINCY, FL 32351

Title: VSD ( ) Delete  
Name: SUBER, HARVEY W  
Address: LAKE TALQUIN HWY  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: SUBER, WILLIAM M  
Address: 110 E KING ST.  
City-St-Zip: QUINCY, FL 32351

**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 Section 119.07(3)(i), 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: JOHN SUBER

CPTD

09/22/2005

Electronic Signature of Signing Officer or Director

Date