## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000072346

Entity Name: SPACE COAST SKAMPERS, INC.

SATELLITE BEACH, FL 32937

City-St-Zip:

**FILED** Apr 28, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 690 SOUTH HEDGECOCK SQ SATELLITE BEACH, FL 32941 **Current Mailing Address: New Mailing Address:** P.O. BOX 410137 MELBOURNE, FL 32941 FEI Number: 59-3275835 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BANKS, WILLIAM H BANKS, WILLIAM H 690 SOUTH HEDGECOCK SQ 690 SOUTH HEDGECOCK SQ SATELLITE BEACH, FL 32937 US SATELLITE BEACH, FL 32937 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: 04/28/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BANKS, WILLIAM H Name: Name: 690 S. HEDGECOCK SQ Address: Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: Title: Title: () Change () Addition () Delete Name: MOSS, MARY Name: 690 SOUTH HEDGECOCK SQ Address: 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 Statutés. 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.

VΡ SIGNATURE: MARY B MOSS 04/28/2005