

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000042369

Entity Name: SKIPHER, INC.

FILED  
Apr 18, 2005  
Secretary of State

## Current Principal Place of Business:

1530 CYPRESS DR, #B  
JUPITER, FL 33469

## New Principal Place of Business:

8491 S. FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952

## Current Mailing Address:

1530 CYPRESS DR, #B  
JUPITER, FL 33469

## New Mailing Address:

8491 S. FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952

FEI Number: 65-0587470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JEFFER, HERMAN  
250 TEQUESTA DRIVE, STE. 200  
TEQUESTA, FL 33469 US

## Name and Address of New Registered Agent:

BURK, JAMES  
8491 S. FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952 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: JAMES BURK

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JEFFER, HERMAN  
Address: 1530 CYPRESS DR, #B  
City-St-Zip: TEQUESTA, FL 33469

Title: VP ( ) Delete  
Name: BURK, ROBIN  
Address: 1530 CYPRESS DR, #B  
City-St-Zip: TEQUESTA, FL 33469

Title: VP ( ) Delete  
Name: BURK, JAMES  
Address: 1530 CYPRESS DR, #B  
City-St-Zip: JUPITER, FL 33469

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: JEFFER, HERMAN  
Address: 8491 S. FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP (X) Change ( ) Addition  
Name: BURK, ROBIN  
Address: 8491 S. FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP (X) Change ( ) Addition  
Name: BURK, JAMES  
Address: 8491 S. FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: JAMES BURK

VP

04/18/2005

Electronic Signature of Signing Officer or Director

Date