## **2004 FOR PROFIT CORPORATION**

## Apr 02, 2004 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P95000067675** 1. Entity Name MICHAEL T. SKIDD, P.A. Principal Place of Business Mailing Address 5208 NW 109 WAY 5208 NW 109 WAY CORAL CPRINGS, FL 33076 US CORAL SPRINGS, FL 33076 No Cha-P 01112004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0607058 Not Applicable \$8.75 Additional 5. Certificate of Status Desired F 6. Name and Address of Current Registered Agent SKIDD, MICHAEL T DO NOT WRITE 5208 NW 109 WAY CORAL SPRINGS, FL 33076 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of pagistated agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CATE 9. Election Campaion Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SKIDD, MICHAEL T NAME STREET ADDRESS 5208 NW 109 WAY U00000101233 04/02/04-80004-024 150,00 CITY-ST-ZIP CORAL SPRINGS, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP .. ........ TRUE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-\$1-292 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all otherwise empowered.

SIGNATURE:

nun

**FILED** 

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