


**- 2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90015 020 \*\*\*150.00

<b>DOCUMENT # P96000020342</b>	
1. Entity Name <b>SKIP WATKINS AND ASSOCIATES, INC.</b>	

Principal Place of Business <b>127 VALENCIA CIRCLE SAINT PETERSBURG FL 33716</b>	Mailing Address <b>127 VALENCIA CIRCLE SAINT PETERSBURG FL 33716</b>
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2. Principal Place of Business - No P.O. Box # <b>11628 Camphor Way</b>	3. Mailing Address <b>11628 Camphor Way</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Seminole, FL</b>	City & State <b>Seminole, FL</b>
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Zip <b>33772</b>	Country <b>Pinellas</b>	Zip <b>33772</b>	Country <b>Pinellas</b>
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4. FEI Number <b>59-3366164</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>WATKINS, GLENN G</b> <b>127 VALENCIA CIRCLE</b> <b>SAINT PETERSBURG FL 33716</b>	
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Name <b>Glenn G WATKINS</b>
Street Address (P.O. Box Number is Not Acceptable) <b>11628 Camphor Way</b>
City <b>Seminole</b>
State <b>FL</b>
Zip Code <b>33772</b>

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  DATE **2-20-2008**

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when removing agent.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D WATKINS, GLENN G 127 VALENCIA CIRCLE SAINT PETERSBURG FL 33716</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11628 Camphor Way Seminole, FL 33772</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 other like empowered.

SIGNATURE:  DATE **2-20-2008** DAYTIME PHONE # **727-403-0222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR