


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90207 034 ***150.00

DOCUMENT # P97000032474 1. Entity Name DWIGHT SKIDMORE INC.					
Principal Place of Business 29060 MAGNOLIA BIG PINE KEY, FL 33043-1321			Mailing Address P O BOX 431321 BIG PINE KEY, FL 33043-1321		
2. Principal Place of Business 85 Southpoint Drive Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Sugarloaf Key Zip 33042 Country Monroe		City & State Zip Country		4. FEI Number 65-0744316	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent SKIDMORE, DWIGHT 29060 MAGNOLIA BIG PINE KEY, FL 33043-1321			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 85 Southpoint Drive City Sugarloaf Key FL Zip Code 33042		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKIDMORE, DWIGHT 29060 MAGNOLIA BIG PINE KEY, FL 330431321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 85 Southpoint Drive Sugarloaf Key, FL 33042	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEPARD, MICHAEL B 29060 MAGNOLIA BIG PINE KEY, FL 330431321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 85 Southpoint Drive Sugarloaf Key, FL 33042	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYAN, GEOFFREY T 120 S. POINT DR. SUGARLOAF KEY, FL 33042	<input type="checkbox"/> Delete	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"/> Delete		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"/> Delete		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 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 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: <u>Dwight Skidmore</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4-22-04</u> Daytime Phone #		

54039067



04192004 Chg-P CR2E034 (10/03)