2003 FUK FKUFII GUKFUKATIUN **ANNUAL REPORT**

DOCUMENT # P98000050622

1. Entity Name ELIZABETH J. SKEEN, INC.



Apr 15

Principal Place of Business

985 WENDAM COURT PORT ORANGE, FL 32127 Mailing Address

985 WENDAM COURT PORT ORANGE, FL 32127



04122005

No Chg-P

CR2E034 (10/03)

4. FEi Number 59-3526114

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SKEEN, ELIZABETH J 985 WENDAM COURT PORT ORANGE, FL 32127

DO NOT WRITE IN THIS SPACE

| 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 registered agent and little if applicable (NOTE Registered Agent signature required when renatating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution | | | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIRECTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SKEEN, ELIZABETH J 985 WENDAM CT PORT ORANGE, FL | | - | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | V00000307865 04/15/05-80073-004 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ⁻ | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 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 occupance of 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: Company Company | | | | | |
| Daytime Phone # | | | | | |

Elizabeth J. Skeen

Director