2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000059592

Address:

City-St-Zip:

211 S SPRING BLVD

TARPON SPRINGS, FL 34689

OK LENTEDDDIOEO INO

FILED Apr 30, 2009 Secretary of State

Entity Nan	ne: SKJENII	ERPRISES, INC.				
Current Principal Place of Business:			New Pri	ncipal Pla	ace of Business:	
UNIT B	JTH TAMIAMI [.] ERS, FL 33908					
Current Mailing Address:			New Ma	iling Add	ress:	
16277 SOUTH TAMIAMI TRAIL UNIT B FORT MYERS, FL 33908				211 S. SPRING BLVD. TARPON SPRINGS, FL 34689		
FEI Number:	65-0848081	FEI Number Applied For ()	FEI Number Not A	oplicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name a	Name and Address of New Registered Agent:		
KIKTA, STEVEN D 16277 SOUTH TAMIAMI TRAIL FORT MYERS, FL 33908 US			211 S. S	KIKTA, STEVEN D 211 S. SPRING BLVD. TARPON SPRINGS, FL 34689 US		
The above in the State		submits this statement for the	purpose of changing	g its regist	ered office or registered agent, or both,	
SIGNATURE: STEVEN D. KIKTA				04/30/2009		
	Electron	ic Signature of Registered Ag	ent		Date	
Election Cam	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V () KIKTA, KENNET 211 S SPRING TARPON SPRIN	BLVD	Title: Name: Address: City-St-Zip	:	()Change()Addition	
Title: Name: Address: City-St-Zip:	KIKTA, STEVEN	TAMIAMI TRAIL #B	Title: Name: Address: City-St-Zip	211 S. S	(X) Change () Addition STEVEN D SPRINGS N SPRINGS, FL 34689	
Title: Name:	ST () KIKTA, JANYCE	Delete H	Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: STEVEN D. KIKTA Ρ 04/30/2009