

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 15, 2005 8:00 am
Secretary of State

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1. Entity Name
SKIP EPPERS RV'S, INC.



Principal Place of Business
12705 TAMiami TRAIL
PUNTA GORDA, FL 33955

Mailing Address
24370 HENRY MORGAN BLVD
PUNTA GORDA, FL 33955

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
65-1070347

Applied for
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EPPERS, KATHRYN H
12705 TAMiami TRAIL
PUNTA GORDA, FL 33955

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:			
TITLE	PD	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	EPPERS, ALLEN J JR.			NAME			
STREET ADDRESS	12705 TAMiami TRAIL			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33955			CITY-ST-ZIP			
TITLE	VD	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	EPPERS, KATHRYN H			NAME			
STREET ADDRESS	12705 TAMiami TRAIL			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33955			CITY-ST-ZIP			
TITLE	S	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	FAHRNEY, MELISSA R			NAME			
STREET ADDRESS	12705 TAMiami TRAIL			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33955			CITY-ST-ZIP			
TITLE	T	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	EPPERS, ALEXIS A			NAME			
STREET ADDRESS	12705 TAMiami TRAIL			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33955			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 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: *Kathryn Eppers* **KATHRYN Eppers** 4/13/05 941-6390022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #