2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000077522

Entity Name: SKIP EPPERS RV'S, INC.

Address:

City-St-Zip:

12705 TAMIAMI TRAIL

PUNTA GORDA, FL 33955

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12705 TAMIAMI TRAIL PUNTA GORDA, FL 33955 **Current Mailing Address: New Mailing Address:** 24370 HENRY MORGAN BLVD PUNTA GORDA, FL 33955 FEI Number: 65-1070347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EPPERS, KATHRYN H 12705 TAMIAMI TRAIL PUNTA GORDA, FL 33955 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete Title: () Change () Addition EPPERS, ALLEN J JR. Name: Name: 12705 TAMIAMI TRAIL Address: Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: Title: VD Title: () Delete (X) Change () Addition Name: EPPERS, KATHRYN H Name: EPPERS, KATHRYN H 12705 TAMIAMI TRAIL 12705 TAMIAMI TRAIL Address: Address: PUNTA GORDA, FL 33955 PUNTA GORDA, FL 33955 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition FAHRNEY, MELISSA R Name: Name: 12705 TAMIAMI TRAIL Address: Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: Title: () Delete Title: () Change () Addition EPPERS, ALEXIS A Name: Name:

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: KATHRYN H. EPPERS PRES 04/22/2009