




**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # S63799 1. Entity Name MIKE MEYER SKIMBOARDS, INC.			
Principal Place of Business 101 ELLIS RD MIRAMAR BEACH, FL 32550 US		Mailing Address 101 ELLIS RD DESTIN, FL 32541 US	
DO NOT WRITE IN THIS SPACE			
		01172005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3076821	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MEYER, MIKE 135 ELLIS ROAD DESTIN, FL 32541		DO NOT WRITE IN THIS SPACE	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD00000190403 01/24/05-80132-010 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS MEYER, MIKE 101 ELLIS RD DESTIN, FL 32550		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MEYER, MIKE 101 ELLIS RD DESTIN, FL 32550		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MEYER, LACEY 101 ELLIS RD DESTIN, FL 32550		
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/19/05 Daytime Phone # 8508370178	