

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S71026

1. Entity Name
SKIMMERS, INC.



Principal Place of Business
1948 BRENGLE AVE.
ORLANDO, FL 32808

Mailing Address
1948 BRENGLE AVE.
ORLANDO, FL 32808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06202005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3079109

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

SOMMERS, BERNARD D.
235 S. MAITLAND AVE.
MAITLAND, FL 32751

Name CARLOS ROMAY JR

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

1940 COTSWOLD DR

ORLANDO FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 11

TITLE D
NAME BUCKNER, LUTHER R.
STREET ADDRESS 909 SWEETBRIAR RD.
CITY-ST-ZIP ORLANDO, FL ☒ Delete

TITLE PD
NAME BUCKNER, DIANE M.
STREET ADDRESS 1335 PIRATE LANE
CITY-ST-ZIP WINTER PARK, FL 32792 ☒ Delete

TITLE CARLOS ROMAY JR
NAME CARLOS ROMAY JR
STREET ADDRESS 1940 COTSWOLD DR
CITY-ST-ZIP ORLANDO, FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
0000574761 SD
07/14/05--01057--003 **/U.UU

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P, S, T, D
NAME P, S, T, D
STREET ADDRESS Same
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
05 JUL -5 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

