


2007 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

FILED
Feb 07, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # V03962 1. Entity Name SKEHAN & ASSOCIATES, INC. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 3717 DEL PRADO BLVD UNIT 3 CAPE CORAL FL 33904 US | Mailing Address 3717 DEL PRADO BLVD UNIT 3 CAPE CORAL FL 33904 US |
|---|---|



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E034 (10/06)

| | |
|--------------|---------------------------------|
| City & State | 4. FEI Number 65-0305587 |
|--------------|---------------------------------|

Applied For
Not Applicable

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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

6. Name and Address of Current Registered Agent

SKEHAN, DAVID G.
1922 S.E. 40TH ST.
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | SKEHAN, DAVID G. |
| STREET ADDRESS | 1922 S.E. 40TH ST. |
| CITY - ST - ZIP | CAPE CORAL FL |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | SKEHAN, JOANNE M |
| STREET ADDRESS | 1922 S.E. 40TH ST. |
| CITY - ST - ZIP | CAPE CORAL FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | U00000625996 |
| CITY - ST - ZIP | 02/15/07-80002-018 150.00 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *David G. Skehan* **DAVID G. SKEHAN** 2/15/07 239-540-2299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #