2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # v63446 1. Entry share MARION I. SKILLING & ASSOCIATES, W.C. Pinnopal Place of Business Intell WOODWARD ST ORLANDO FL 32803-4279 2. Pinnopal Place of Business Intell WOODWARD ST ORLANDO FL 32803-4279 3. Pinnopal Place of Business Intell WOODWARD ST Solita And PLACE Solita And P				<u> </u>	_		
Principal Place of Business Mailing Address			ا الله الله				
SORTANDO FL 32803-4279 US ORLANDO FL 32803-4279 ORLAND	MARION	I. SKILLING & ASSOCIATES	S, INC.		04-06-2005 90109 016 **	*150.00	
ORLANDO FL 32803-4279 2. Principal Page of Business 7-17 OR Cyprocs Critical State 2. Principal Page of Business 7-17 OR Cyprocs Critical State 2. Principal Page of Business 7-17 OR Cyprocs Critical State 2. Principal Page of Business 7-17 OR Cyprocs Critical State 2. Principal Page of Business 7-17 OR Cyprocs Critical State 2. Principal Page of Business 7-17 OR Cyprocs Critical State 2. Principal Page of Business 3. Prin	Principal Plac	e of Business	Mailing Address				
Subs, Ab J. etc. Subs, Ab J.	1918 WOODWARD ST. ORLANDO FL 32803-4279 US 1918 WOODWARD ST. ORLANDO FL 32803-4279 US US						
Suite, Apt. e, etc. Sales Suite, Apt. e, etc. Set Sales Set Sales Set	2. Principal P	Place of Business		acc A 10 De			
Country State Country State Country State			1408 (1)040	SS CYDVE KU	- 1		
Systation Syst	Suile, Apt.	m, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 ((10/04)	
SKILING, MARION I 1918 WOOWARD ST. ORLANDO FL 32803-4279 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the oiligisations of egistered agent. 9. Election Campalon Financing St. 200 Code 10. 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 oiligisations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the oiligisations of registered agent. 9. Election Campalon Financing St. 500 May Be Added to Fees Make Check Payable to Florida Department of State 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 19. Bit MOODWARD ST. ORLANDO FL 32803-4279 10. Change Debte In Fig. Change Addition Make STREET ANDRESS ORLANDO FL 32803-4279 10. Change Debte In Fig. Change Addition Make STREET ANDRESS ORLANDO FL 32803-4279 10. Change Debte In Fig. Change Debte In Fig. Change Debte Addition Make STREET ANDRESS ORLANDO FL 32803-4279 10. Change Debte In Fig. Cha	7. 1	ndo FL	Urlando F	-L	59-3140172	Not Applicable	
S. Name and Address of Current Registered Agent Name	33810	3 -SSIA (ICA	32819-5510		5. Certificate of Status Desired Status Desired	8.75 Additional	
SKILLING, MARION I 1918 WOODWARD ST. ORLANDO FL 32803-4279 6. The above named entry 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 FILE NOW!!! FEE ISS 150.00 After May 17: 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State OFFICER NAME SIGNATURE SIGNATURE GENERAL PROMISES 150.00 After May 17: 2005 Fee Will Be \$550.00 After May 17: 2005 Fee Will Be \$550.00 Added Check Payable to Florida Department of State OFFICER NAME SIGNATURE OFFICER SAND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE INVESTMENT ADDRESS OFFICER SAND DIRECTORS OFFI		6. Name and Address of Current	Registered Agent	3/1			
Street Abouts 1918 WOODWARD ST. ORLANDO FL 32803-4279 City FL Zip Code City City City City City City City City		·	-	Name			
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. Earn familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature, tyred or primate name or registered agent and the flepistesisk (NOTE Registered Agent signature requires when nectations) DATE	1918 WOODWARD ST.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatur							
the obligations of registered agent. SIGNATURE SIGNATURE				City	FL	Zip Code	
FILE NOW!!!: FEE IS \$150.00 After May 1; 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME SKILLING, MARION I. 1918 WOODWARD ST. ORLANDOF E. 32803-4279 ITILE NAME SIRECT ADDRESS CITY-ST: 2P ITILE SIRECT ADD	8. The above the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florida. I am fai	miliar with, and accept	
After May 1; 2005 Fee Will Be \$55.0.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11/16 D Change Addition MME SKILLING, MARION I. SIRET ADDRESS CITY-S1-2/P 7918 WOODWARD ST. ORLANDO FL 32803-4279 CITY-S1-2/P	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE)	Registered Agent signature requ	ured when reinstating) DATE		
10.			<u> </u>				
TITLE							
STREET ADDRESS CITY-ST-ZIP TILLE TILLE TILLE STREET ADDRESS CITY-ST-ZIP TILLE ST	Make Checl	Repartment of Payable to Florida Department of	State	I 11.	Trust Fund Contribution.	Added to Fees	
CITY-S1-ZIP ORLANDO FL 32803-4279 CITY-S1-ZIP ITILE NAME STREET ADDRESS CITY-S1-ZIP TILE NAME STREET ADD	Make Checl	k Payable to Florida Department o OFFICERS AND	State DIRECTORS		Trust Fund Contribution.	Added to Fees DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	Make Check 10. TITLE NAME	OFFICERS AND D SKILLING, MARION I.	State DIRECTORS	TITLE	Trust Fund Contribution.	Added to Fees DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Make Check 10. TITLE NAME STREET ADDRESS	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS	TITLE NAME STREET ADDRESS	Trust Fund Contribution.	Added to Fees DIRECTORS IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE TI	Make Check 10. TITLE NAME STREET ADDRESS CITY-S1-ZIP	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution. E ADDITIONS/CHANGES TO OFFICERS AND E	Added to Fees DIRECTORS IN 11 Change Addition	
CITY-ST-ZIP Delete	Make Check 10. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trust Fund Contribution. E ADDITIONS/CHANGES TO OFFICERS AND E	Added to Fees DIRECTORS IN 11 Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	Make Check 10. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trust Fund Contribution. E ADDITIONS/CHANGES TO OFFICERS AND E	Added to Fees DIRECTORS IN 11 Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDR	Make Check 10. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Trust Fund Contribution. E ADDITIONS/CHANGES TO OFFICERS AND E	Added to Fees DIRECTORS IN 11 Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z	Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP HTLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.	Added to Fees DIRECTORS IN 11 Change Addition Change Addition	
ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-Z	Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.	Added to Fees DIRECTORS IN 11 Change Addition Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-Z	Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	Trust Fund Contribution.	Added to Fees DIRECTORS IN 11 Change Addition Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRE	Make Checi 10. TITLE NAME STREET ADDRESS CITY-S1-ZIP HITLE NAME STREET ADDRESS CITY-S1-ZIP HITLE NAME STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND E	Added to Fees DIRECTORS IN 11 Change Addition Change Addition Change Addition	
HILE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Make Check 10. 110. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE NAME TREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANGES TO OFFICERS AND E	Added to Fees DIRECTORS IN 11 Change Addition Change Addition Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP INTLE 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	Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STRCET ADDRESS CITY-S1-ZIP TITLE NAME STRCET ADDRESS CITY-S1-ZIP TITLE NAME	ADDITIONS/CHANGES TO OFFICERS AND E	Added to Fees DIRECTORS IN 11 Change Addition Change Addition Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 10 Delete 11 ILE NAME STREET ADDRESS CITY-ST-ZIP 11 Dereby 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	Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND E	Added to Fees DIRECTORS IN 11 Change Addition Change Addition Change Addition	
CITY-S1-ZIP CITY-	Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND E	Added to Fees DIRECTORS IN 11 Change Addition Change Addition Change Addition Change Addition	
INTLE 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	Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND E	Added to Fees DIRECTORS IN 11 Change Addition Change Addition Change Addition Change Addition	
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	Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND E	Added to Fees DIRECTORS IN 11 Change Addition Change Addition Change Addition Change Addition	
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.	Make Checi 10. TITLE NAME STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.	Added to Fees DIRECTORS IN 11 Change Addition Change Addition Change Addition Change Addition 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	Make Checi 10. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trust Fund Contribution.	Added to Fees DIRECTORS IN 11 Change Addition Change Addition Change Addition Change Addition Change Addition	
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.	Make Checi 10. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trust Fund Contribution.	Added to Fees DIRECTORS IN 11 Change Addition Change Addition Change Addition Change Addition Change Addition	
changed or on an attachment with an addition with all attachment with all attachment with all attachments.	Make Checi 10. TITLE NAME STREET ADDRESS CITY-S1-ZIP	OFFICERS AND D SKILLING, MARION I. 1918 WOODWARD ST.	State DIRECTORS Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Trust Fund Contribution.	Added to Fees DIRECTORS IN 11 Change Addition Change Addition Change Addition Change Addition Change Addition	

FILED