

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 673076

**Entity Name:** SKIPPER & SKIPPER, P.A.**Current Principal Place of Business:**5653 MAIN ST.  
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5653 MAIN ST.  
NEW PORT RICHEY, FL 34652**FEI Number:** 59-2009513**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HERZOG, JEFFREY A ESQ  
3106 ALTERNATE US 19  
PALM HARBOR, FL 34683 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:** JEFFREY A. HERZOG, ESQ.

01/21/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SKIPPER, SALLIE D  
Address        5653 MAIN ST.  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            VP  
Name            HERZOG, JEFFREY A ESQ.  
Address        3106 ALTERNATE US 19  
City-State-Zip: PALM HARBOR FL 34683

Title            T  
Name            SKIPPER, SALLIE D  
Address        5653 MAIN STREET  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            S  
Name            SKIPPER, SALLIE D  
Address        5653 MAIN STREET  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            DIRECTOR  
Name            HERZOG, JEFFREY A ESQ  
Address        3106 ALTERNATE US 19  
City-State-Zip: PALM HARBOR FL 34683

*I hereby 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 all other like empowered.*

**SIGNATURE:** SALLIE D SKIPPER

PRESIDENT/DIRECTOR

01/21/2016

Electronic Signature of Signing Officer/Director Detail

Date