

**2013 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:**SKIPPER, SALLIE D ESQ  
5653 MAIN ST.  
NEW PORT RICHEY, FL 34652 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:** SALLIE D. SKIPPER, ESQUIRE

03/20/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, P  
Name SKIPPER, H CURTIS ESQUIRE  
Address 5653 MAIN ST.  
City-State-Zip: NEW PORT RICHEY FL 34652

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

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

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

*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

V-PRES., SECY/TREAS

03/20/2013

Electronic Signature of Signing Officer/Director Detail

Date