

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V16006

**Entity Name:** SKULL, INC.

**Current Principal Place of Business:**

8 TWELVE OAKS  
ORMOND BCH, FL 32174

**Current Mailing Address:**

C/O CHOBEE EBBETS, ESQ.  
210 BEACH ST, STE 200  
DAYTONA BEACH, FL 32114

**FEI Number:** 59-3119711

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EBBETS, CHOBEE ESQ  
210 SOUTH BEACH ST  
SUITE 200  
DAYTONA BEACH, FL 32114 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name JONES, JAN  
Address 8 TWELVE OAKS  
City-State-Zip: ORMOND BEACH FL 32174

Title DST  
Name JONES, WILLIAM H. JR.  
Address 8 TWELVE OAKS  
City-State-Zip: ORMOND BEACH FL 32174

*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:** JONES , WILLIAM H. JR.

DST

04/02/2015

Electronic Signature of Signing Officer/Director Detail

Date