

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000002314	
1. Entity Name SKYLAND LEASING CORP.	

Principal Place of Business 11540 HWY 92 E. SEFFNER, FL 33584	Mailing Address 11540 HWY 92 E. SEFFNER, FL 33584
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04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FLE Number 59-3123712	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEYER, DAVID A C/O PIPER MARBURY RUDNICK & WOLFE 101 E. KENNEDY BLVD., STE. 2000 TAMPA, FL 33602	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U00000132200
04/27/04-80036-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SEAMAN, MORT 11540 HWY 92 E. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STEIN, LEWIS 1010 NORTHERN BLVD., #340 GREAT NECK, NY 11021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEYER, DAVID A 101 E. KENNEDY BLVD., STE. 2000 TAMPA, FL 33602
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**DO NOT WRITE
IN THIS SPACE**

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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 23 2004

Date

DaVine Phone #