2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000002314

1. Entity Name
SKYLAND LEASING CORP.

Principal Place of Business	Mailing Address
11540 HWY 92 E. SEFFNER, FL 33584	11540 HWY 92 E. SEFFNER, FL 33584

DO NOT WRITE IN THIS SPACE

03222005 No Chg-P CR2E034 (10/03)

4. FEI 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

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U00000283265
04/01/05-80020-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	SEAMAN, MORT
STREET ADDRESS	11540 HWY 92 E.
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	PSD
NAME	STEIN, LEWIS
STREET ADDRESS	1010 NORTHERN BLVD., #340
CITY-ST-ZIP	GREAT NECK, NY 11021
TITLE	S
NAME	BEYER, DAVID A
STREET ADDRESS	101 E. KENNEDY BLVD., STE. 2000
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ Pres 3/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #