

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006121

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: SKYWAY PRODUCTIONS, INC

**Current Principal Place of Business:**

5315 LAURELWOOD, PLACE  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

5315 LAURELWOOD, PLACE  
SARASOTA, FL 34232 US

**New Mailing Address:**

FEI Number: 03-0485469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OHRENSTEIN, SHARON L  
5315 LAURELWOOD PLACE  
SARASOTA, FL 34232 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JOHNSON, CLAUDIA  
Address: 2200 2ND ST N  
City-St-Zip: ST. PETERSBURG,, FL 33704 US

Title: VP ( ) Delete  
Name: OHRENSTEIN, DAVID Y  
Address: 5315 LAURELWOOD PL.  
City-St-Zip: SARASOTA, FL 34232 US

Title: VP ( ) Delete  
Name: OHRENSTEIN, SHARON L  
Address: 5315 LAURELWOOD PL.  
City-St-Zip: SARASOTA, FL 34232 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON OHRENSTEIN

VP

04/26/2005

Electronic Signature of Signing Officer or Director

Date