


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90050 013 ****61.25

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| | | | | | |
|---|------------------|--|---|---|-----------------------------------|
| DOCUMENT # N20123 | | | |  | |
| 1. Entity Name BLUE SKY'S CO-OP, INC. | | | | | |
| Principal Place of Business 6405 RADIO RD NAPLES, FL 34104 US | | | Mailing Address 6405 RADIO RD NAPLES, FL 33942 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 01142004 Chg-NP | | | | CR2E037 (10/03) | |
| 4. FEI Number 59-2803217 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MURRELL, ROBERT E 800 LAUREL OAK DR #300 NAPLES, FL 34108 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |
| 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 _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DAVIS, GARY | | NAME | | |
| STREET ADDRESS | 179 SAND DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34104 | | CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SIMMONS, KERMIT | | NAME | VD WILSON, WILL | |
| STREET ADDRESS | 8 BLUE SKYS DR | | STREET ADDRESS | 119 KIM DR | |
| CITY-ST-ZIP | NAPLES, FL 34104 | | CITY-ST-ZIP | NAPLES FL 34104 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FRANK, COLE | | NAME | DS WOLEINGER, ERNIE | |
| STREET ADDRESS | 101 JAN DRIVE | | STREET ADDRESS | 73 PALOS | |
| CITY-ST-ZIP | NAPLES, FL 34104 | | CITY-ST-ZIP | NAPLES, FL 34104 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GREEN, CHUCK | | NAME | | |
| STREET ADDRESS | 5 BLUE SKYS DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34104 | | CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KINEBREW, BOBBY | | NAME | V SIMMONS, KERMIT | |
| STREET ADDRESS | 153 SAND DR | | STREET ADDRESS | 8 BLUE SKYS DR | |
| CITY-ST-ZIP | NAPLES, FL 34104 | | CITY-ST-ZIP | NAPLES, FL 34104 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 617, 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: <i>Charles Green</i> | | | 01/17/2004 239 643 1077 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE DAYTIME PHONE # | | |