

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000022660
1. Entity Name
BLUE SKIES ENTERPRISES OF CENTRAL FLORIDA, INC.

Principal Place of Business 2138 PALM VISTA DR APOPKA, FL 32712	Mailing Address 2138 PALM VISTA DR APOPKA, FL 32712
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3666885	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

PASCARELLA, CHERI
2138 PALM VISTA DR
APOPKA, FL 32712

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASCARELLA, CHERI 2138 PALM VISTA DR APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDEE, NANCY 3659 W PONKAN RD APOPKA, FL 32712
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01/13/04-80003-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cheri Pascarella 1/5/04 40-884-5423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #