2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P03000110497 04-16-2004 90094 007 ***158.75 SKYLINE BUILDERS & REALTY, INC. Principal Place of Business Mailing Address 5207 SKYLINE BOULEVARD 5207 SKYLINE BOULEVARD CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 04132004 CR2E034 (10/03) Chg-P City & State Applied For City & State 4. FEI Number 09*5*2 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GROSS, DONNA Street Address (P.O. Box Number is Not Acceptable) 5207 SKYLINE BOULEVARD CAPE CORAL, FL 33914 Tally College T taa 1944 waxaan Kiitaa, -City Zip Code DROBE JOHAN 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. D TITLE Delete TITLE Change ☐ Addition GROSS, DONNA K NAME NAME STREET ADDRESS 5207 SKYLINE BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL, FL 33914 $D = \{(x_i, i)$ TITLE ☐ Delete TITLE Change ☐ Addition GROSS, ALLEN F NAME NAME STREET ADDRESS 5207 SKYLINE BOULEVARD STREET ADDRESS CITY-ST-7IP CITY-ST-7IP CAPE CORAL, FL 33914 Change TITLE -TITLE ☐ Addition Delete 24 NAME NAMĖ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-78 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: