


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90015 042 ***158.75

DOCUMENT # P97000071846

1. Entity Name
 SKYLER TALLAHASSEE, INC.



Principal Place of Business
 2 N PALAFOX
 PENSACOLA, FL ~~32501~~

Mailing Address
 2 N PALAFOX
 PENSACOLA, FL ~~32501~~

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country
~~32502~~ ~~FL~~ ~~32502~~ ~~FL~~

01122004 Chg-P CR2E034 (10/03)

4. FEI Number
 59-3489761 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCCRORY, SONDR
 2 NORTH PALAFOX STREET
 PENSACOLA, FL ~~32501~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code
~~32502~~

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, 2004 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|--------------------------------|---------------------------------|--|---|--|-----------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | BELL, SCOTT J | | | NAME | | | |
| STREET ADDRESS | 2 N PALAFOX STREET | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32501 | | | CITY-ST-ZIP | 32502 | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | ST. PE', GERALD | | | NAME | | | |
| STREET ADDRESS | 2 N PALAFOX ST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32501 | | | CITY-ST-ZIP | 32502 | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | WILLIAMS, ROY C | | | NAME | | | |
| STREET ADDRESS | 2 N PALAFOX ST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32501 | | | CITY-ST-ZIP | 32502 | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | FOSTER, DANA R | | | NAME | | | |
| STREET ADDRESS | 2 N PALAFOX ST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32501 | | | CITY-ST-ZIP | 32502 | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | TOLAN, JR., JOHN J | | | NAME | | | |
| STREET ADDRESS | 2 N PALAFOX ST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32501 | | | CITY-ST-ZIP | 32502 | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | HOLLOWAY, J L | | | NAME | | | |
| STREET ADDRESS | 2 N PALAFOX ST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32501 | | | CITY-ST-ZIP | 32502 | | |

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: Scott J. Bell 1/12/04 850-430-0187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #