

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 05, 2005
Secretary of State**

DOCUMENT# P97000072968

Entity Name: SKYLER JACKSON, INC.

Current Principal Place of Business:

2 N. PALAFOX STREET
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

2 N. PALAFOX STREET
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 59-3489753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCRORY, SONDR
2 N PALAFOX STREET
PENSACOLA, FL 32502 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BELL, SCOTT J
Address: 2 N. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: ST. PE', GERALD
Address: 2 N. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: WILLIAMS, ROY C
Address: 2 N. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: FOSTER, DANA R
Address: 2 N. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Delete
Name: TOLAN, JOHN J JR
Address: 2 N. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Delete
Name: HOLLOWAY, J L
Address: 2 N. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: FOSTER, DANA R
Address: 2 N. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Change () Addition
Name: TOLAN, JOHN J JR
Address: 2 N. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Change () Addition
Name: TREHERN, W. EDWARD
Address: 2 N. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT J. BELL

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date