


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-03-2004 90015 036 ***158.75

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1. Entity Name
SKYLER MIAMI, INC.



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

Mailing Address
2 N PALAFOX ST
~~ONE PENSACOLA PLAZA~~
PENSACOLA, FL 32501

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

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

City & State

Zip **32502** Country

01122004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3481849

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 N PALAFOX ST
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	BELL, SCOTT J	2 N PALAFOX ST	PENSACOLA, FL 32501	<input type="checkbox"/>
D	FOSTER, DANA R	2 N PALAFOX ST	PENSACOLA, FL 32501	<input type="checkbox"/>
D	HOLLOWAY, J L	2 N PALAFOX ST	PENSACOLA, FL 32501	<input type="checkbox"/>
D	ST. PE', GERALD	2 N PALAFOX ST	PENSACOLA, FL 32501	<input type="checkbox"/>
D	TOLAN, JOHN J JR	2 N PALAFOX ST	PENSACOLA, FL 32501	<input type="checkbox"/>
D	TREHERN, W E	2 N PALAFOX ST	PENSACOLA, FL 32501	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
			32502	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			32502	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			32502	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			32502	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			32502	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			32502	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 1/2/04 850-430-0187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #