
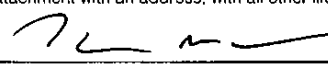


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90323 027 ***150.00

DOCUMENT # V66660					
1. Entity Name SKYWAY '92 CORP.					
Principal Place of Business %PETER LAWRENCE COMM RE 4710 EISENHOWER BLVD, C-1 TAMPA, FL 33634			Mailing Address %PETER LAWRENCE COMM RE 4710 EISENHOWER BLVD, C-1 TAMPA, FL 33634		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3143953	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ABRAMS, ALLAN 4710 EISENHOWER BLVD SUITE C-1 TAMPA, FL 33634			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRAMS, ALLAN		NAME		
STREET ADDRESS	4710 EISENHOWER BLVD.		STREET ADDRESS	STE C-1	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, JAMES J.		NAME		
STREET ADDRESS	4710 EISENHOWER BLVD., C-1		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRAMS, ELAINE		NAME		
STREET ADDRESS	4710 EISENHOWER BLVD.		STREET ADDRESS	STE C-1	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLEWELLYN, ROBERTA		NAME		
STREET ADDRESS	4710 EISENHOWER BLVD.		STREET ADDRESS	STE C-1	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, KRISTOPHER		NAME		
STREET ADDRESS	4710 EISENHOOVER BLVD STE C-1		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		KRISTOPHER M. HOOVER		4/14/05 813-889-8855	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

14 000674



04072005 Chg-P CR2E034 (10/03)

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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.

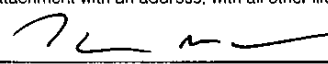
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CITY-ST-ZIP			CITY-ST-ZIP		

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SIGNATURE:  KRISTOPHER M. HOOVER

Date: 4/14/05 Daytime Phone #: 813-889-8855