


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

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



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3143953

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ABRAMS, ALLAN
4710 EISENHOWER BLVD
SUITE C-1
TAMPA, FL 33634

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

000000702989
04/20/07-80121-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ABRAMS, ALLAN 4710 EISENHOWER BLVD. STE C-1 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ABRAMS, ELAINE 4710 EISENHOWER STE C-1 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LLEWELLYN, ROBERTA 4710 EISENHOWER STE C-1 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOVER, KRISTOPHER 4710 EISENHOOVER BLVD STE C-1 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Hoover 02/28/07 813-889-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President