

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66660

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: SKYWAY '92 CORP.

## Current Principal Place of Business:

%PETER LAWRENCE COMM RE  
4710 EISENHOWER BLVD, C-1  
TAMPA, FL 33634

## New Principal Place of Business:

C/O PETER LAWRENCE COMMERCIAL RE  
4710 EISENHOWER BLVD, C-1  
TAMPA, FL 33634

## Current Mailing Address:

%PETER LAWRENCE COMM RE  
4710 EISENHOWER BLVD, C-1  
TAMPA, FL 33634

## New Mailing Address:

C/O PETER LAWRENCE COMMERCIAL RE  
4710 EISENHOWER BLVD, C-1  
TAMPA, FL 33634

FEI Number: 59-3143953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ABRAMS, ALLAN  
4710 EISENHOWER BLVD  
SUITE C-1  
TAMPA, FL 33634 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: DC ( ) Delete  
Name: ABRAMS, ALLAN  
Address: 4710 EISENHOWER BLVD. STE C-1  
City-St-Zip: TAMPA, FL 33634

Title: DT ( ) Delete  
Name: ABRAMS, ELAINE  
Address: 4710 EISENHOWER STE C-1  
City-St-Zip: TAMPA, FL 33634

Title: S ( ) Delete  
Name: ABRAMS, ROBERTA  
Address: 4710 EISENHOWER STE C-1  
City-St-Zip: TAMPA, FL 33634

Title: P ( ) Delete  
Name: HOOVER, KRISTOPHER  
Address: 4710 EISENHOOVER BLVD STE C-1  
City-St-Zip: TAMPA, FL 33634

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: P (X) Change ( ) Addition  
Name: HOOVER, KRISTOPHER M  
Address: 4710 EISENHOWER BLVD STE C-1  
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KRISTOPHER M. HOOVER

P

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date