

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000087147

**Entity Name:** SKYLINE PROVISIONS WHOLESAL, INC.

**Current Principal Place of Business:**

3769 NE SKYLINE DRIVE  
JENSEN BEACH, FL 34957

**Current Mailing Address:**

3769 NE SKYLINE DRIVE  
JENSEN BEACH, FL 34957

**FEI Number:** 36-4745531

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CILURSO, MICHAEL E  
3769 NE SKYLINE DRIVE  
JENSEN BEACH, FL 34957 US

*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

**Officer/Director Detail :**

Title P  
Name CILURSO, MICHAEL E  
Address 3769 NE SKYLINE DRIVE  
City-State-Zip: JENSEN BEACH FL 34957

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL CILURSO

**PRESIDENT**

**04/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date