

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90178 031 ***150.00

DOCUMENT # 168798

1. Entity Name
DALE MABRY SKYWAYS, INC.



Principal Place of Business *Both* Mailing Address
**2666 STONEBROOK CT.
ROSWELL, GA 30075**
1002 FROS LEAP TRAIL, KENNESAW GA 30152

2. Principal Place of Business **1002 FROS LEAP TRAIL** 3. Mailing Address **1002 FROS LEAP TRAIL**

Suite, Apt. #, etc. **KENNESAW GA** Suite, Apt. #, etc. **K**

City & State **KENNESAW GA** City & State **KENNESAW GA 3**

Zip **30152** Country **USA** Zip **30152** Country **USA**



02242005 Chg-P CR2E034 (10/03)

4. FEI Number **59-0857897** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**JOHNSON, MARTHA M
818 SO WILLOW AVE
TAMPA, FL 33606**

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.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00** 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	MOSELEY, CARL L	
STREET ADDRESS	2666 STONEBROOK CT.	
CITY-ST-ZIP	ROSWELL, GA	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	JOHNSON, MARTHA M	
STREET ADDRESS	818 S WILLOW AVE	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOSELEY, SUE E	
STREET ADDRESS	2666 STONEBROOK CT.	
CITY-ST-ZIP	ROSWELL, GA 30075	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES H	
STREET ADDRESS	818 S WILLOW AVE	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	1002 FROS LEAP TRAIL address	
CITY-ST-ZIP	KENNESAW GA 30152 only!	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	1002 FROS LEAP TRAIL address	
CITY-ST-ZIP	KENNESAW GA 30152 only!	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Sue E Moseley* **SUE E MOSELEY, PRESIDENT** 3-1-05 (770) 794-7376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #