

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90003 022 ***550.00

DOCUMENT # F03000005413			
1. Entity Name CLEARSKY.MARKETING, INC..			
Principal Place of Business C/O RENE GARCIA, ESQ 37-06 82ND ST., 2ND FLOOR JACKSON HEIGHTS, NY 11372		Mailing Address C/O RENE GARCIA, ESQ 37-06 82ND ST., 2ND FLOOR JACKSON HEIGHTS, NY 11372	
2. Principal Place of Business 2919 AH 19 North		3. Mailing Address 2919 AH 19 North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Harbor, FL		City & State Palm Harbor, FL	
Zip 34683		Country USA	
4. FEI Number 61-1459136		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, PETER J 201 ALT 19 SOUTH PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MURPHY, FRANCIS X III STREET ADDRESS 201 ALT 19 SOUTH CITY - ST - ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE SECR NAME RUSSO, NICK STREET ADDRESS 201 ALT 19 SOUTH CITY - ST - ZIP Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DP NAME WRIGHT, PETER STREET ADDRESS 201 ALT 19 SOUTH CITY - ST - ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE PRES NAME Wright, Peter STREET ADDRESS 201 ALT 19 South CITY - ST - ZIP Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MURPHY, FRANCIS X STREET ADDRESS 201 ALT 19 SOUTH CITY - ST - ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE CFO NAME Grinnon, Jonathan H. STREET ADDRESS 201 ALT 19 South CITY - ST - ZIP Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME Lake, James P. Jr. STREET ADDRESS 201 ALT 19 South CITY - ST - ZIP Palm Harbor, FL 34683	<input type="checkbox"/> Delete	TITLE VP NAME Wolfe, William STREET ADDRESS 201 ALT 19 South CITY - ST - ZIP Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME Wolfe, William STREET ADDRESS 201 ALT 19 South CITY - ST - ZIP Palm Harbor, FL 34683	<input type="checkbox"/> Delete	TITLE VP NAME Wolfe, William STREET ADDRESS 201 ALT 19 South CITY - ST - ZIP Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			