

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90029 048 \*\*\*150.00

**DOCUMENT # F04000002532**

1. Entity Name

SKYWAY SOFTWARE, INC.



Principal Place of Business

200 SOUTH HOOVER BLVD. 211, STE. 100  
TAMPA FL 33609

Mailing Address

200 SOUTH HOOVER BLVD. 211, STE. 100  
TAMPA FL 33609

2. Principal Place of Business

208 S. Hoover Blvd.

Suite, Apt. #, etc.

Suite 100

City & State

Tampa, FL

Zip

33609

Country

USA

3. Mailing Address

208 S. Hoover Blvd.

Suite, Apt. #, etc.

Suite 100

City & State

Tampa, FL

Zip

33609

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

58-2654249

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME RODRIGUEZ, JARED C  
STREET ADDRESS 200 SOUTH HOOVER BLVD. 211, STE. 100  
CITY-ST-ZIP TAMPA FL 33609

TITLE CFO ☐ Delete  
NAME SLEDGE, LARRY  
STREET ADDRESS 200 SOUTH HOOVER BLVD. 211, STE. 100  
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ Delete  
NAME AEGERTER, DANIEL S  
STREET ADDRESS 200 SOUTH HOOVER BLVD. 211, STE. 100  
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ Delete  
NAME MANN, TIMOTHY JR  
STREET ADDRESS 200 SOUTH HOOVER BLVD. 211, STE. 100  
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ Delete  
NAME BENTRON, STEWART  
STREET ADDRESS 200 SOUTH HOOVER BLVD. 211, STE. 100  
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Chief Technology Officer ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 208 S. Hoover Blvd. Suite 100  
CITY-ST-ZIP Tampa, FL 33609

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 208 S. Hoover Blvd. Suite 100  
CITY-ST-ZIP Tampa, FL 33609

TITLE Chairman of the Board ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 208 S. Hoover Blvd. Suite 100  
CITY-ST-ZIP Tampa, FL 33609

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 208 S. Hoover Blvd. Suite 100  
CITY-ST-ZIP Tampa, FL 33609

TITLE ☒ Change ☐ Addition  
NAME Bertron, Stewart  
STREET ADDRESS 208 S. Hoover Blvd. Suite 100  
CITY-ST-ZIP Tampa FL 33609

TITLE ☐ Change ☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #