

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000004885**

1. Entity Name  
**SKYCAP, INC.**



Principal Place of Business

**PO BOX 88029  
MOBILE, AL 36608**

Mailing Address

**PO BOX 88029  
MOBILE, AL 36608**

**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number

**63-0940171**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LENSCH, DIAN  
8066 GREENMONT  
TALLAHASSEE, FL 32311**

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000203000  
01/29/05-80013-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	RAINES, JEAN O
STREET ADDRESS	P.O. BOX 88029 N/A
CITY - ST - ZIP	MOBILE, AL
TITLE	STD
NAME	BAGGETT, JAMES C
STREET ADDRESS	P.O. BOX 88029 N/A
CITY - ST - ZIP	MOBILE, AL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*JEAN O RAINES*

JEAN O RAINES

Date

1/29/05

Daytime Phone #

251-633-3889