


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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|-----------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # F94000004885 1. Entity Name SKYCAP, INC. |  |
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| Principal Place of Business PO BOX 88029 MOBILE, AL 36608 | Mailing Address PO BOX 88029 MOBILE, AL 36608 |
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

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|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number 63-0940171 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP | CP RAINES, JEAN O P.O. BOX 88029 N/A MOBILE, AL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD BAGGETT, JAMES C P.O. BOX 88029 N/A MOBILE, AL |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 1/27/05 251-633-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #