

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000002314

1. Entity Name
SKYLAND LEASING CORP.



Principal Place of Business
11540 HWY 92 E.
SEFFNER, FL 33584

Mailing Address
11540 HWY 92 E.
SEFFNER, FL 33584



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3123712

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BEYER, DAVID A
C/O PIPER MARBURY RUDNICK & WOLFE
101 E. KENNEDY BLVD., STE. 2000
TAMPA, FL 33602

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC SEAMAN, MORT 11540 HWY 92 E. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD STEIN, LEWIS 1010 NORTHERN BLVD., #340 GREAT NECK, NY 11021
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BEYER, DAVID A 101 E. KENNEDY BLVD., STE. 2000 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

UN00000428330
02/21/06-80043-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 3 2006

Date

Daytime Phone #