


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # H42585 1. Entity Name SKYLINE TOWERS, INC.	
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Principal Place of Business 3621 CR 48 P. O. BOX 388 OKAHUMPKA, FL 34762-0388	Mailing Address 3621 CR 48 P. O. BOX 388 OKAHUMPKA, FL 34762-0388
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DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2484035	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCLELLAND, FAYE L.
3621 CR 48
OKAHUMPKA, FL 32762

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCLELLAND, BOBBY 3621 CR 48 OKAHUMPKA, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCLELLAND, FAYE 3621 CR 48 OKAHUMPKA, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LYNCH, LUCILLE P.O BOX 43, 3621 CR 48 OKAHUMPKA, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000301367
04/13/05-80028-017 150.00

**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)(j), 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: Faye McLelland FAYE MCLELLAND

X 4-11-05

(352) 323-0046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #