

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 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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01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2484035	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCLELLAND, FAYE L. 3621 CR 48 OKAHUMPKA, FL 32762

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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, 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	VP MCLELLAND, BOBBY 3621 CR 48 OKAHUMPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLELLAND, FAYE 3621 CR 48 OKAHUMPKA, FL
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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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.

SIGNATURES *Faye McLelland* **Faye McLelland** 2/13/06 (352) 323 0046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #