

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L35960

Entity Name: SKY KING UNLIMITED, INC.

FILED  
Mar 05, 2009  
Secretary of State

## Current Principal Place of Business:

7350 SOUTH U.S. 1  
PORT ST. LUCIE, FL 34952

## New Principal Place of Business:

## Current Mailing Address:

7350 SOUTH U.S. 1  
PORT ST. LUCIE, FL 34952

## New Mailing Address:

FEI Number: 65-0166182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FARRELL, RICKEY L.  
1595 SE PORT ST LUCIE BLVD.  
PORT ST. LUCIE, FL 39452 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: CARABBIA, RONALD  
Address: 7350 SOUTH US #1  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SD ( ) Delete  
Name: MICCO, WILLIAM  
Address: 407 DUFF COURT  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: PD ( ) Delete  
Name: VANOUDEHOF, JOSEPH III  
Address: 7350 SOUTH U.S. HIGHWAY ONE  
City-St-Zip: PORT ST. LUCIE, FL 34952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MICCO, WILLIAM  
Address: 7350 S US 1  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD CARABBIA

TD

03/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date