

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M99627

FILED
Mar 05, 2009
Secretary of State

Entity Name: SKYLANE CORPORATION

Current Principal Place of Business:

304 N. NASSAU ST
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

304 N. NASSAU ST
VENICE, FL 34285

New Mailing Address:

FEI Number: 65-0079673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTER, GEORGE
304 N. NASSAU ST
VENICE, FL 34285 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: SD (X) Delete
Name: BUONPANE, RICHARD
Address: 1866 BAYSHORE DR
City-St-Zip: ENGLEWOOD, FL 34223

Title: PTD () Delete
Name: WALTER, GEORGE,
Address: 304 NO. NASSAU ST.
City-St-Zip: VENICE, FL

Title: D () Delete
Name: MURRAY, EDMUND
Address: 5415 DURANGO AV.
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: MATTHIACK, PETE
Address: 616 MIRO CR.
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: MURRAY, EDMUND
Address: 5415 DURANGO AV.
City-St-Zip: SARASOTA, FL 34235

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: GEORGE WALTER

PTD

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date