


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90025 013 ****61.25

DOCUMENT # N96000002880 1. Entity Name SKYLINE FIRE AND RESCUE DISTRICT, INC.	
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Principal Place of Business 6924 HWY 87 NORTH MILTON, FL 32570	Mailing Address POST OFFICE BOX 72 MILTON, FL 32572
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01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2418342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROYALS, WAYNE
7024 EASTGATE ROAD
MILTON, FL 32583

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYALS, WAYNE 7024 EASTGATE ROAD MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KICKER, IRENE 6530 SANDY LANE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAMOND, MICHELLE 6454 WILMA STREET MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANNOSKE, FRANK 6535 JULIA DRIVE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, JIM 6692 EAST MAGNOLIA ST. MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(i), 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 617, 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: Wayne F. Royals
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____