

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000002313

1. Entity Name
SUNSHINE SKYLINERS, INC.



Principal Place of Business
**4642 HALL RD.
ORLANDO, FL 32817**

Mailing Address
**4642 HALL RD.
ORLANDO, FL 32817**



01292006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3571295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ELLIOTT, CLAYTON M
4642 HALL RD.
ORLANDO, FL 32817**

**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 _____
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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000413846
02/11/06-80013-004 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOTT, CLAYTON 4642 HALL ROAD ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLIOTT, BILLIE J 4642 HALL ROAD ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACEACHRON, SCOTT 2511 NE 20TH AVE LIGNTHOUSE PT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President Clayton M. Elliott 1/29/06 4076779109