


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90437 035 ***150.00

DOCUMENT # P00000010399 1. Entity Name BIG SKY INDUSTRIES VII, INC.					
Principal Place of Business 1206 WEST BROAD STREET GROVELAND, FL 34736			Mailing Address 1206 WEST BROAD STREET GROVELAND, FL 34736		
2. Principal Place of Business 11 SPLITRAIL CIRCLE Suite, Apt. #, etc.		3. Mailing Address 11 SPLITRAIL CIRCLE Suite, Apt. #, etc.			
City & State TEQUESTA, FL Zip 33469 Country USA		City & State TEQUESTA, FL Zip 33469 Country USA		4. FEI Number 59-3647273	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOVI, DAVID M 319 CLEMATIS ST SUITE 812 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name JEFFREY W. MICHEL Street Address (P.O. Box Number is Not Acceptable) 11 SPLITRAIL CIRCLE City TEQUESTA FL Zip Code 33469		
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 <u><i>Jeffrey Michel</i></u> DATE <u>4-27/05</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIMELS, RAMON T 211 SHELL POINT WEST MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D JEFFREY W. MICHEL 11 SPLITRAIL CIRCLE TEQUESTA, FL, 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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.					
SIGNATURE: <u><i>Jeffrey Michel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-27-05</u>		Daytime Phone # <u>561-575-1720</u>	