2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044032

Name:

Address:

City-St-Zip:

Apr 21, 2004 Secretary of State

Entity Name: BLUE SKY FINANCIAL SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 6945 SOUTHWEST HIGHWAY 200 OCALA, FL 34476 **Current Mailing Address: New Mailing Address:** 6945 SOUTHWEST HIGHWAY 200 OCALA, FL 34476 FEI Number: 59-3654719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOPER, MICHAEL J 321 NORTHWEST THIRD AVENUE OCALA, FL 34475 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: MARTELLI, LEONARDO Name: 13750 SOUTHWEST STATE ROAD 200 Address: Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: LESBIREO, CHRISTOPHER Name: LESBIREL. CHRISTOPHER 6 ROEBLING COURT 13750 SW ST RD 200 Address: Address: LEONARDO, NJ 07737 OCALA, FL 34476 City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: LESBIREO, LUCY ANN LESBIREL, LUCY ANN Name: Name: 6 ROEBLING COURT 13750 SW ST RD 200 Address: Address: City-St-Zip: LEONARDO, NJ 07737 City-St-Zip: OCALA, FL 34476 Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

MARTELLI, DOMENIC

13750 SW ST RD 200

OCALA, FL 34476

SIGNATURE: DOMENIC MARTELLI PD 04/21/2004