

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000054646

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** SKYSTEAD, INC.

**Current Principal Place of Business:**

200 AVIATION DR N  
SUITE #6  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KYLE WILLIAMSON  
4099 TAMiami TRAIL N, SUITE 200  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 52-2248265

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FARMER & HINSON, PLLC  
999 VANDERBILT BEACH ROAD  
SUITE 606  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

FARMER & ASSOCIATES, PLLC  
999 VANDERBILT BEACH ROAD  
SUITE 503  
NAPLES, FL 34108 US

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:** AARON A. FARMER

03/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PTD  
**Name:** STURM, CARSTEN  
**Address:** 3505 NORTH RD  
**City-St-Zip:** NAPLES, FL 34104

**Title:** VSD  
**Name:** SCHERF, BETTINA  
**Address:** 3505 NORTH RD  
**City-St-Zip:** NAPLES, FL 34104

**Title:** V  
**Name:** WILLIAMSON, KYLE N  
**Address:** 4099 TAMiami TRAIL N, SUITE 200  
**City-St-Zip:** NAPLES, FL 34103

I hereby 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 all other like empowered.

**SIGNATURE:** CARSTEN STURM

PTD

03/09/2011

Electronic Signature of Signing Officer or Director

Date