2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/1/2006-90299-048-$150.00-$150.00

FILED

06 JUN -9 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000059892

1. Entity Name

SKYFLYS INDUSTRIES, INC.

Principal Place of Business	Mailing Address
1710 LOUISE AVE. PANAMA CITY FL 32401	1710 LOUISE AVE. PANAMA CITY FL 32401

2. Principal Place of Business	3. Mailing Address
1710 LOUISE AVE	1710 LOUISE AVE
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State PANAMA CITY, FLA	City & State PANAMA CITY, FLA
Zip 3240L Country BAY	Zip 32401 Country BAY

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3904837 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, PAUL
1710 LOUISE AVE.
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name: PAUL ROBERTS

Street Address (P.O. Box Number is Not Acceptable) ~~P.O. BOX~~ 1710 LOUISE AVE

(PANAMA CITY)

City: PANAMA CITY FL Zip Code 32406

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: Paul Roberts (AGENT) 4-10-06

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROBERTS, BRIAN P		NAME	
STREET ADDRESS	316 BRANDYWINE BLVD.		STREET ADDRESS	
CITY-ST-ZIP	THIBODAUX LA 70301		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROBERTS, JULIAN W		NAME	
STREET ADDRESS	1706 LOUISE AVE.		STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	JC 6/13
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: BRIAN P. ROBERTS Brian Paul Roberts By Paul Roberts (POA) 4-10-06 1-850-527-4420 AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #