

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90042 033 ***150.00

DOCUMENT # P00000059892

1. Entity Name

SKYFLYS INDUSTRIES, INC.



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

Mailing Address
1710 LOUISE AVE.
PANAMA CITY FL 32401



2. Principal Place of Business - No P.O. Box #

1710 LOUISE AVE

3. Mailing Address

1710 LOUISE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PANAMA CITY

PANAMA CITY, FL

City & State

City & State

PANAMA CITY

PANAMA CITY, FL

Zip

Country

Zip

Country

32406

32406

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

ROBERTS, PAUL
1710 LOUISE AVE.
PANAMA CITY FL 32406

Name

PAUL ROBERTS

Street Address (P.O. Box Number is Not Acceptable)

1710 LOUISE AVE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

Paul Roberts

1-22-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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
NAME ROBERTS, BRIAN P
STREET ADDRESS 316 BRANDYWINE BLVD.
CITY- ST- ZIP THIBODAUX LA 70301 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D
NAME ROBERTS, JULIAN W
STREET ADDRESS 1706 LOUISE AVE.
CITY- ST- ZIP PANAMA CITY FL 32401 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Paul Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-07