

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90095 037 ***150.00

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|---|--|---|--|---|--|
| DOCUMENT # P00000073939 1. Entity Name SKYWARD VENTURES, INC. | | | | | |
| Principal Place of Business 301 S. MILWEE STREET LONGWOOD, FL 32750 | | | Mailing Address 301 S. MILWEE STREET LONGWOOD, FL 32750 | | |
| 2. Principal Place of Business 1315 N. FERNCREEK AVE | | 3. Mailing Address 1315 N. FERNCREEK AVE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Orlando, FL | | City & State Orlando, FL | | 4. FEI Number 59-3663614 | |
| Zip 32803 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 32803 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent COHEN, ROBERT C 301 S. MILWEE STREET LONGWOOD, FL 32750 | | | 7. Name and Address of New Registered Agent Name MICHAEL A. FARINACCI Street Address (P.O. Box Number is Not Acceptable) 1315 N. FERNCREEK AVE City Orlando FL Zip Code 32803 | | |
| 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 MICHAEL A. FARINACCI, PRES <i>Michael A. Farinacci, Pres</i> 3/01/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small> <small>DATE</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 | DP FARINACCI, MICHAEL A 1315 N. FERNCREEK AVE ORLANDO, FL 32803 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <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: <i>Michael A. Farinacci, Pres</i> 3/04/2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>DATE</small> | | | | | |

MICHAEL A. FARINACCI, PRES

407-896-5632