

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90010 019 ***150.00

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1. Entity Name

SKYS THE LIMIT INTERNATIONAL, INC.



Principal Place of Business

1505 POINSETTIA DRIVE, BAY H-9
DELRAY BEACH FL 33444

Mailing Address

1505 POINSETTIA DRIVE, BAY H-9
DELRAY BEACH FL 33444

2. Principal Place of Business

1395 NW 17th Ave

3. Mailing Address

1395 NW 17th Ave.

Suite, Apt. #, etc.

Suite 109

Suite, Apt. #, etc.

Suite 109

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33445

Country

USA

Zip

33445

Country

USA

4. FEI Number

65-1033392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRAPP, BRENDA
1505 POINSETTIA DRIVE, BAY H-9
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

Brenda Trapp

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

1395 NW 17th Ave. Suite 109

City

Delray Beach

FL

Zip Code

33445

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

Brenda M. Trapp

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, 2004 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

TITLE P
NAME TRAPP, CARL ☐ Delete
STREET ADDRESS 6627 TARA COURT
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE VO
NAME TRAPP, BRENDA ☐ Delete
STREET ADDRESS 6627 TARA COURT
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 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:

Brenda M. Trapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/04 (56) 265-2003

Date

Daytime Phone #