2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000099869

1. Entity Name

SKYCOM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
606 E MADISON ST	P.O. BOX 310507
TAMPA, FL 33602	TAMPA, FL 33680

DO NOT WRITE IN THIS SPACE

01282008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3679412	Not Applicable

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

6. Name and Address of Current Registered Agent

WATKINS, ROBERT
610 S BOULEVARD
SUITE 100
TAMPA, FL 33606

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000806704 02/06/08-80052-018 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	BRUNO, CHARLES E
STREET ADDRESS	5005 SPRIN LAKE DRIVE
CITY-ST-ZIP	TAMPA, FL 33629

TITLE	D
NAME	GARVEY, THOMAS J
STREET ADDRESS	2808 BENT LEAF DRIVE
CITY-ST-ZIP	VALRICO, FL 33594

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _Thomas Garvey_   1-25-08   8136851443

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