


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # P01000007001 1. Entity Name SKYCLONE, INC. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 20991 NE HWY 27 WILLISTON, FL 32696 | Mailing Address 4351 NE 176TH AVE WILLISTON, FL 32696 |
|---|---|

DO NOT WRITE IN THIS SPACE



04182008 No Chg-P CR2E034 (11/05)

| | |
|---|---|
| 4. FEI Number 59-3702720 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CHAMBERLAIN, STEVEN M
618 NE 1ST ST.
GAINESVILLE, FL 32601

**DO NOT WRITE
IN THIS SPACE**

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 registering) DATE

| | | |
|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000912859 05/07/08-80097-005 150.00 |
|---|--|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HODGE, JOHN PO BOX 414 WILLISTON, FL 32696 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S IRBY, WILL 920 NW 8TH AVE GAINESVILLE, FL 32601 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS 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: Will Irby **Will Irby** **4/18/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #