## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 03, 2005 08:00 AM Secretary of State

	ANIOALI			_	C	C C4 - 4 -	
1. Entity Nam	MENT # P0100002242 E skydiving, Inc.	2			Seci	retary of State	
Principal Place 45 MONOCOI PANACEA, FL	UPE CIRCLE4	ailing Address 15 MONOCOUPE CIRCLE PANACEA, FL 32346 US					
D	O NOT WRITE II	CE	05312005 4. FEI Numbe 59-369	05312005 No Chg-P CR2E034 (10/03)  4. FEI Number			
6. Name and Address of Current Registered Agent  PEAVY, M.D. IV  45 MONOCOUPE CIRCLE  PANACEA, FL 32346				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, yped or printed name of registered agent and file if spoilcable.  ONOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$550.00  Due by September 7, 2005  9. Election Campaign Finar Trust Fund Contribution.				5.00 May Be U000000368950 06/03/05-80003-011 550.00			
10,	OFFICERS AND DIRE	CTORS	I			K N. S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PEAVY, M.D. IV 45 MONOCOUPE CIRCLE PANACEA, FL 32346				The second secon		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNGR PEAVY, TRACY R 45 MONOCOUPE CIRCLE PANACEA, FL 32346						
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CRY-ST-ZIP					<del></del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby indicated of the corchanged	certify that the information supplied with this on this report or supplemental report is true proration or the receiver or trustee empowers or on an attachment with an address, with a	filing does not qualify for the exe and accurate and that my signa of to execute this report as requi ill other like empowered.	emption stated in S ture shall have the ired by Chapter 60	Section 119.07(3)( same legal effect 07, Florida Statute	(i), Florida Statutes, I fu of as if made under oat os; and that my name a	urther certify that the information th; that I am an officer or director appears in Block 10 or Block 11 if	

6-2-05

(850) 545-743 |

Daytime Phone #

SIGNATURE AND TYPED OR PROTECT NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: