

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90396 025 \*\*\*150.00

**DOCUMENT # P01000037970**

1. Entity Name  
**SKY'S UNLIMITED, INC.**



Principal Place of Business  
**5340 MAUI LANE  
ORLANDO, FL 32812**

Mailing Address  
**PO BOX 530061  
ORLANDO, FL 32853**

**44041317**



2. Principal Place of Business  
**4005 COLONIAL DR.**

3. Mailing Address

Suite, Apt. #, etc.  
**#1704**

Suite, Apt. #, etc.

City & State  
**ORLANDO FL.**

City & State

Zip  
**32803** Country  
**USA**

Zip Country

04272004 Chg-P CR2E034 (10/03)

4. FEI Number  
**16-1615548**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**VANDERMADE, GERARDUS  
201 S. ORANGE AVE., STE 910  
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name  
**Vander made, Gerardus**

Street Address (P.O. Box Number is Not Acceptable)  
**400 East Colonial Drive**

**Suite 1704**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Gerardus Vandermade 4-27-2004**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GERARDUS, VANDERMADE  
201 S. ORANGE AVE., STE 910  
ORLANDO, FL 32801** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
vander made, Gerardus  
400 East Colonial Drive, Suite 1704  
Orlando FL 32803** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Uniken Venema, Theodora  
400 East Colonial Drive, Suite 1704  
Orlando FL 32803** ☐ Change ☒ Addition

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

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

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

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

**Gerardus Vandermade**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/29/04**

**407-843 8437**