


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90089 018 ***150.00

DOCUMENT # P02000004763	
1. Entity Name SKY MANOR CORPORATION	

Principal Place of Business 4205 FT. DENAUD RD. LABELLE, FL 33935	Mailing Address 4205 FT. DENAUD RD. LABELLE, FL 33935
---	---

DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0103027	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

WILLIAMS, PATRICIA J
4205 FT. DENAUD RD.
LABELLE, FL 33935

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 Patricia J. Williams (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, W.O. 4205 FT DENAUD RD LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, PATRICIA J 4205 FT. DENAUD RD. LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER ROBIN P JONES 5535 HERBEMONT RD. MARTINSVILLE IN 46151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER WILLIAM O. WILLIAMS JR. 218 HOLLY LANE OSWEGO ILL 60543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER RICHARD WILLIAMS 1103 STATE ST ALTON IL 62002
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: Patricia Williams **PATRICIA WILLIAMS** **VD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-28-07 Daytime Phone # 863-675-3080