

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90005 018 ***150.00

DOCUMENT # P02000034721

1. Entity Name
SKYLIGHT INTERNATIONAL, INC.



Principal Place of Business
1180 SPRING CENTRE SOUTH BLVD SUITE 208
ALTAMONTE SPRINGS, FL 32714

Mailing Address
1180 SPRING CENTRE SOUTH BLVD SUITE 208
ALTAMONTE SPRINGS, FL 32714

54018033

2. Principal Place of Business
301 W. Main St.
Suite, Apt. #, etc.

3. Mailing Address
301 W. Main St.
Suite, Apt. #, etc.



03092004 Chg-P CR2E034 (10/03)

City & State
Apopka, FL
Zip **32703** Country

City & State
Apopka, FL
Zip **32703** Country

4. FEI Number
59-3207884 03-0466825 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MUN, SUNG
1180 SPRING CENTRE SOUTH BLVD SUITE 208
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name **Yong Min LEE**
Street Address (P.O. Box Number is Not Acceptable)
301 W. Main Street
City **Apopka** **FL** Zip Code **32703**

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 **Yong Min Lee, President** **Ymin Lee** **3/9/04**
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, 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	P LEE, YONG MIN 301 W MAIN ST APOPKA, FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Ymin Lee** **3/9/04** **407)889-4151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #