

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000037657

1. Entity Name
CSC SKYCAP SERVICES, INC.



Principal Place of Business
**1425 W. BRANCH ST.
LANTANA, FL 33462-3043**

Mailing Address
**1425 W. BRANCH ST.
LANTANA, FL 33462-3043**



03282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1956743

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SUCCE, CANESTE
1425 W. BRANCH ST.
LANTANA, FL 33462-3043**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
SUCCE, CANETTE
STREET ADDRESS
1425 W. BRANCH ST.
CITY-ST-ZIP
LANTANA, FL 334623043

TITLE
D
NAME
SUCCE, CANESTE
STREET ADDRESS
1425 W. BRANCH ST.
CITY-ST-ZIP
LANTANA, FL 334623043

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000510693
04/29/06-80016-005 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-02-06