




# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90326 029 \*\*\*150.00

<b>DOCUMENT # P02000039653</b> 1. Entity Name <b>SKYWAY BC II, INC.</b>					
Principal Place of Business <b>2910 WEST BAY TO BAY BLVD SUITE 200 TAMPA, FL 33629</b>			Mailing Address <b>2910 WEST BAY TO BAY BLVD SUITE 200 TAMPA, FL 33629</b>		
2. Principal Place of Business - No P.O. Box # <b>3410 Henderson Blvd.</b> Suite, Apt. #, etc. <b>200</b>		3. Mailing Address <b>3410 Henderson Blvd.</b> Suite, Apt. #, etc. <b>200</b>			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>		4. FEI Number <b>41-2036553</b>	
Zip <b>33609</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, W. LAWRENCE 101 EAST KENNEDY BLVD SUITE 3700 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>KENNEDY, DAVID A 2910 W BAY TO BAY BLVD #200 TAMPA, FL 33629</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3410 Henderson Blvd, #200 Tampa FL 33609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete <b>CROWDER, SHEFFIELD 2910 W BAY TO BAY BLVD #200 TAMPA, FL 33629</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3410 Henderson Blvd, #200 Tampa FL 33609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete <b>GIBSON, WILLIAM L 2910 W BAY TO BAY BLVD, STE 200 TAMPA, FL 33629</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>KENNEDY, JOSEPH A 2910 W BAY TO BAY BLVD, STE 200 TAMPA, FL 33629</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3410 Henderson Blvd, #200 Tampa FL 33609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>BOHACEF, ERIN 2910 BAY TO BAY BLVD, STE 200 TAMPA, FL 33629</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Erin Bohacek 3410 Henderson Blvd, #200 Tampa FL 33609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-23-08</b>		Daytime Phone # <b>8135541200</b>