

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90026 003 ***150.00

DOCUMENT # P02000058866

1. Entity Name

SKIES THE LIMIT HABILITATION SERVICES, INC.



Principal Place of Business

**10915 BOURBON CT #44
TAMPA FL 33612**

Mailing Address

**10915 BOURBON CT #44
TAMPA FL 33612**

2. Principal Place of Business

6210 Sheldon Road

Suite, Apt. #, etc.

#2913

City & State

Tampa, FL

Zip

Country

U.S.

3. Mailing Address

6210 Sheldon Road

Suite, Apt. #, etc.

#2913

City & State

Tampa, FL

Zip

Country

33615

U.S.



MOORE

CR2E034 (11/03)

4. FEI Number

75-3064015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, LATISHA R
10915 BOURBON CT #44
TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name

Latisha R. White

Street Address (P.O. Box Number is Not Acceptable)

6210 Sheldon Rd #2913

City

Tampa

FL

Zip Code

33615

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

Latisha White

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

(NOTE: Registered Agent signature required when reinstating)

2-13-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

**CEO
WHITE, LATISHA R
10915 BOURBON CT #44
TAMPA FL 33612**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CEO/President
White, Latisha R
6210 Sheldon Rd. #2913
Tampa, FL 33615**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Latisha White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-04

Date

813-882-8616

Daytime Phone #