


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90197 037 ***150.00

DOCUMENT # P02000076396

1. Entity Name
SKYLINE TOURS & TRANSPORTATION SERVICE, INC.



Principal Place of Business Mailing Address
PO BOX 691088 ORLANDO, FL 32869 **PO BOX 691088 ORLANDO, FL 32869**

2. Principal Place of Business 3. Mailing Address
8226 LAKE CROWELL CIRCLE **8226 LAKE CROWELL CIRCLE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **ORLANDO FL** City & State **ORLANDO FL**

Zip **32836** Country **USA** Zip **32836** Country **USA**



05012004 Chg-P CR2E034 (10/03)

4. FEI Number **27-0021352** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ABUZAYYAD, NADIA A
10515 BASTILLE LANE
SUITE 303
ORLANDO, FL 32836

7. Name and Address of New Registered Agent
 Name **SHERMAN HOPE**
 Street Address (P.O. Box Number is Not Acceptable) **8226 LAKE CROWELL CIRCLE**
 City **ORLANDO FL** Zip Code **32836**

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: Hope Sherman Hope Sherman 407 226 8182 4/20/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ABUZAYYAD, NADIA A	
STREET ADDRESS	10515 BASTILLE LANE STE 303	
CITY - ST - ZIP	ORLANDO, FL 32816	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERMAN, HOPE	
STREET ADDRESS	8226 LAKE CROWELL CIRCLE	
CITY - ST - ZIP	ORLANDO, FL 32836	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, MARTIN H	
STREET ADDRESS	8226 LAKE CROWELL CIRCLE	
CITY - ST - ZIP	ORLANDO, FL 32836	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Hope Sherman Hope Sherman 407 226 8182 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #