

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90029 026 \*\*\*150.00

**DOCUMENT # P03000009109**

1. Entity Name  
**SKY NETWORK SOLUTIONS, INC.**



Principal Place of Business  
**3382 DWIGHT DRIVE  
FERNANDINA BEACH, FL 32034**

Mailing Address  
**3382 DWIGHT DRIVE  
FERNANDINA BEACH, FL 32034**

**94036157**



2. Principal Place of Business  
**263 OTTER RUN DR**

3. Mailing Address  
**263 OTTER RUN DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042004 Chg-P CR2E034 (10/03)

City & State  
**FERNANDINA BEACH FL**

City & State  
**FERNANDINA BEACH FL**

4. FEI Number  
**55-0816298**

Applied For  
Not Applicable

Zip  
**32034**

Country  
**USA**

Zip  
**32034**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**KRUIDBOS, BERNARD  
3382 DWIGHT DRIVE  
FERNANDINA BEACH, FL 32034**

## 7. Name and Address of New Registered Agent

Name **BERNARD KRUIDBOS**  
Street Address (P.O. Box Number is Not Acceptable)  
**263 OTTER RUN DRIVE**

City **FERNANDINA BEACH** FL Zip Code **32034**

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 **BERNARD KRUIDBOS**

*BCS*

**3/24/04**

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **KRUIDBOS, BERNARD**  
STREET ADDRESS **3382 DWIGHT DRIVE**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE ☐ Change ☐ Addition  
NAME **263 OTTER RUN DRIVE**  
STREET ADDRESS **FERNANDINA BEACH FL 32034**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
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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: *BCS*

**3/24/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #