

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 22, 2006 8:00 am
Secretary of State

04-24-2006 90453 037 ***150.00

DOCUMENT # P03000013103 1. Entity Name SKY PROPERTIES, INC.					
Principal Place of Business 6224 SAUTERNE DRIVE JACKSONVILLE FL 32210			Mailing Address 6224 SAUTERNE DRIVE JACKSONVILLE FL 32210		
2. Principal Place of Business <i>Same as above</i>			3. Mailing Address <i>Same as above</i>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		Zip 	
Country 		Zip 		Country 	
6. Name and Address of Current Registered Agent RAIFORD, ROBERT W 6224 SAUTERNE DRIVE JACKSONVILLE FL 32210				7. Name and Address of New Registered Agent Name <i>N/A</i> Street Address (P O Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when consenting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <i>PRESIDENT</i> ☐ Delete RAIFORD, ROBERT W 8417 HAMDEN RD. JACKSONVILLE FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> ☒ Change ☐ Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ☐ Delete <i>KEVIN BURCELL - 6731 PERIWINKLE DR. JACKSONVILLE, FL 32244</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ☐ Change ☒ Addition <i>KEVIN BURCELL 6731 PERIWINKLE DR. JACKSONVILLE, FL 32244</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ☐ Delete <i>CHARLES A. OSBORNE 1186 LULLWATER LN ORANGE PARK, FL 32073</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ☐ Change ☒ Addition <i>CHARLES OSBORNE 1186 LULLWATER LANE ORANGE PARK, FL 32073</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 life empowered.					
SIGNATURE: <i>RAIFORD</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>4/1/06</i> Daytime Phone # <i>904-509-1363</i>		