

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90013 001 \*\*\*150.00



**DOCUMENT # P0300032794**

1. Entity Name  
**SKYSAIL VENTURES, INC.**

Principal Place of Business  
~~1803 WINDJAMMER LANE~~  
 C/O A. KEOUGH  
 ST. AUGUSTINE FL 32084

Mailing Address  
**1803 WINDJAMMER LANE**  
 C/O A. KEOUGH  
 ST. AUGUSTINE FL 32084



2. Principal Place of Business - No P.O. Box #

*713 OCEAN PALM WAY*

3. Mailing Address

*713 OCEAN PALM WAY*

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.

*C/O KEOUGH*

Suite, Apt. #, etc.

*C/O KEOUGH*

City & State

*St. Augustine FL*

City & State

*St. Augustine FL*

4. FEI Number **65-1183732**

Applied For

Not Applicable

Zip

*32080*

Country

*USA*

Zip

*32080*

Country

*USA*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEOUGH, ARLYN**  
**1803 WINDJAMMER LANE**  
**ST. AUGUSTINE FL 32084**

Name  
*J. KEOUGH*

Street Address (P.O. Box Number is Not Acceptable)  
*713 OCEAN PALM WAY*

City  
*ST AUGUSTINE*

FL

Zip Code  
*32080*

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

*J. Keough*

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 15, 2007*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DIR  
 NAME: KEOUGH, ARLYN  
 STREET ADDRESS: 1803 WINDJAMMER LANE  
 CITY-ST-ZIP: ST. AUGUSTINE FL 32084  Delete

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

TITLE: PRES  
 NAME: KEOUGH, ARLYN  
 STREET ADDRESS: 1803 WINDJAMMER LANE  
 CITY-ST-ZIP: ST AUGUSTINE FL 32084  Delete

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

TITLE: VP  
 NAME: KEOUGH, JOHN D  
 STREET ADDRESS: 1803 WINDJAMMER LANE  
 CITY-ST-ZIP: ST AUGUSTINE FL 32084  Delete

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

TITLE: TREA  
 NAME: KEOUGH, JOHN D  
 STREET ADDRESS: 1803 WINDJAMMER LANE  
 CITY-ST-ZIP: ST AUGUSTINE FL 32084  Delete

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

TITLE: SEC  
 NAME: KEOUGH, JOHN D  
 STREET ADDRESS: 1803 WINDJAMMER LANE  
 CITY-ST-ZIP: ST AUGUSTINE FL 32084  Delete

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

TITLE:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 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 like empowered.

SIGNATURE:

*J. Keough*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*April 15, 2007 860 3045278*