


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90290 013 ***150.00

| | |
|---|---|
| DOCUMENT # P03000039532 |  |
| 1. Entity Name SKYLINE BUILDING & DEVELOPMENT, INC. | |

| | |
|--|--|
| Principal Place of Business 5307 PALEO PINES CIRCLE FT PIERCE, FL 34951 | Mailing Address 5307 PALEO PINES CIRCLE FT PIERCE, FL 34951 |
|--|--|

DO NOT WRITE IN THIS SPACE



04162006 No Chg-P CR2E034 (11/05)

| | |
|--|---|
| 4. FEI Number 43-2021843 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| |
|--|
| 6. Name and Address of Current Registered Agent LONG, JAMES JR 5307 PALEO PINES CIRCLE FT PIERCE, FL 34951 |
|--|

DO NOT WRITE
IN THIS SPACE

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 _____ 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, 2006 Fee will be \$550.00 | Trust Fund Contribution. <input type="checkbox"/> Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | D/P |
| NAME | LONG, JAMES |
| STREET ADDRESS | 6700 DIXIE HWY 6660 NORTHCREST WAY EAST |
| CITY-ST-ZIP | CLARKSTON, MI 48346 |
| TITLE | V |
| NAME | JAMES LONG JR |
| STREET ADDRESS | 5307 PALEO PINES CIRCLE |
| CITY-ST-ZIP | FT. PIERCE, FL 34951 |
| TITLE | T/S |
| NAME | CATHERINE S. FENELEY |
| STREET ADDRESS | 5679 CORUNNA AVE |
| CITY-ST-ZIP | CLARKSTON MI 48346 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **JAMES T. LONG** **4-20-06** **248 698-1190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #