


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90122 026 \*\*\*150.00

<b>DOCUMENT # P03000039532</b> 1. Entity Name <b>SKYLINE BUILDING &amp; DEVELOPMENT, INC.</b>					
Principal Place of Business <b>5307 PALEO PINES CIRCLE FT PIERCE, FL 34951</b>			Mailing Address <b>5307 PALEO PINES CIRCLE FT PIERCE, FL 34951</b>		
2. Principal Place of Business - No P.O. Box # <b>5824 SPRING LAKE TERRACE</b>		3. Mailing Address <b>5824 SPRING LAKE TERRACE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>FORT PIERCE, FL</b>		City & State <b>FORT PIERCE, FL</b>		4. FEI Number <b>43-2021843</b>	
Zip <b>34951</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LONG, JAMES JR 5307 PALEO PINES CIRCLE FT PIERCE, FL 34951</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>5824 SPRING LAKE TERRACE</b> City <b>FORT PIERCE</b> <b>FL</b> Zip Code <b>34951</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LONG, JAMES 6860 NORTHORST WAY E CLARKSTON, MI 48346		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LONG, JAMES JR 5307 PALEO PINES CIR FORT PIERCE, FL 34951		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5824 SPRING LAKE TERRACE FORT PIERCE FL 34951</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FENELEY, CATHERINE S 5679 CORINA AVE CLARKSTON, MI 48346		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Catherine S. Feneley</i> <b>CATHERINE S. FENELEY</b> <b>4-23-08</b> <b>218 698 1190</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					