

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2004 8:00 am**  
**Secretary of State**

02-03-2004 90009 025 \*\*\*150.00

**DOCUMENT # P03000048915**

1. Entity Name

SKYWAY METALS, INC.



Principal Place of Business  
122 ISLAND WATER WAY  
APOLLO BEACH FL 33572

Mailing Address  
122 ISLAND WATER WAY  
APOLLO BEACH FL 33572

**94008876**



MOORE CR2E034 (11/03)

2. Principal Place of Business  
1901 Nth 57th Street  
Suite, Apt. #, etc.

3. Mailing Address  
Post Office Box 691  
Suite, Apt. #, etc.

City & State  
Tampa, Florida

City & State  
Riverview, Florida

4. FEI Number  
04-3758489

Applied For  
Not Applicable

Zip  
33619

Country  
US

Zip  
33568

Country  
US

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

6. Name and Address of Current Registered Agent

JORDAN, KENNETH F  
122 ISLAND WATER WAY  
APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent

Name  
Kenneth F. Jordan

Street Address (P.O. Box Number is Not Acceptable)  
1901 Nth 57th Street

City Tampa FL Zip Code 33619

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, 2004 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 D ☐ Delete  
NAME JORDAN, LOIS N  
STREET ADDRESS 122 ISLAND WATER WAY  
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE ☐ Change ☐ Addition  
NAME Lois N. Jordan  
STREET ADDRESS 1901 Nth 57th Street  
CITY-ST-ZIP Tampa, Florida 33619

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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: *Lois N. Jordan* Lois N. Jordan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

813-663-9815

Daytime Phone #