


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91032 011 \*\*\*158.75

<b>DOCUMENT # P03000082096</b>	
1. Entity Name <b>MR. SKYLIGHT INC.</b>	

Principal Place of Business <b>2800 WEST STATE ROAD 434 UNIT #804 LONGWOOD, FL 32779</b>	Mailing Address <b>PO BOX 161386 ALTAMONTE SPRINGS, FL 32716-1386</b>
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2. Principal Place of Business <b>2800 W. State Rd 434</b> Suite, Apt. #, etc. <b>Unit 804</b>	3. Mailing Address <b>P.O. Box 161386</b> Suite, Apt. #, etc.
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City & State <b>Longwood, FL</b>	City & State <b>Altamonte Springs, FL</b>
Zip <b>32779</b>	Zip <b>32714</b>
Country <b>USA</b>	Country <b>USA</b>



01202004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>GILL, KENNETH R 821 GRAND REGENCY POINTE BLDG 31, APT 103 ALTAMONTE SPRINGS, FL 32714</b>	
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4. FEI Number <b>20-0116036</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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**

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 GILL, KENNETH R 821 GRAND REGENCY POINTE, BLDG 31, APT 103 ALTAMONTE SPRINGS, FL 32714 <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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**22 APR 04**

Date

Daytime Phone #