

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90290 050 ***163.75

DOCUMENT # P03000089686

1. Entity Name

MERCEDES SKYE ENTERPRISES, INC.



Principal Place of Business

1030 ELIZABETH RIDGE CT.
KISSIMMEE FL 34747

Mailing Address

P.O. BOX 470625
CELEBRATION FL 34747



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

03-0525720

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HABER, LAWRENCE H ESQ.
~~715 BLOOM ST SUITE 200A~~
CELEBRATION FL 34747-0121

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

800 Celebration Ave Suite 227

City

FL

Zip Code

34747

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

3/29/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE DT ☐ Delete
NAME SMITH, CINDY
STREET ADDRESS 2938 PENN STATION CT #101
CITY-ST-ZIP ORLANDO FL 32821

TITLE ☐ Delete
NAME SMITH, KENNETH D
STREET ADDRESS 12938 PENN STATION CT #101
CITY-ST-ZIP ORLANDO FL 32821

TITLE ☐ Delete
NAME HILLIKER, JEFFREY
STREET ADDRESS 704 HUNTING PINE DR
CITY-ST-ZIP OCOCHEE FL 34701

TITLE ☐ Delete
NAME ROBINSON, KARLA
STREET ADDRESS 8515 BAYSHORE RD #13
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DT ☒ Change ☐ Addition
NAME CINDY SMITH
STREET ADDRESS 1030 ELIZABETH RIDGE CT.
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE VP ☒ Change ☐ Addition
NAME KENNETH D. SMITH
STREET ADDRESS 1030 ELIZABETH RIDGE CT.
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE ☒ Change ☐ Addition
NAME JEFFREY HILLIKER
STREET ADDRESS 1743 LINDZLU ST
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☒ Change ☐ Addition
NAME KARLA ROBINSON
STREET ADDRESS 13025 MULBERRY PARK DR #322
CITY-ST-ZIP ORLANDO FL 32821

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

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

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: *[Signature]* (Director/Treasurer) 4/3/06 941-720-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CINDY SMITH
Date: Daytime Phone #