

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90181 010 ***163.75

DOCUMENT # P03000089686

1. Entity Name

MERCADES 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 - No P.O. Box #

7715 INDIAN RIDGE TRAIL

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)



City & State

Kissimmee FL

City & State

4. FEI Number 03-0525720

Applied For
Not Applicable

Zip

Country

Zip

Country

34747

OSCEOLA

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

6. Name and Address of Current Registered Agent

HABER, LAWRENCE H ESQ.
800 CELEBRATION AVE
STE 227
CELEBRATION FL 34747-0171

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2007 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	<input type="checkbox"/> Delete
NAME	SMITH, CINDY	
STREET ADDRESS	1030 ELIZABETH RIDGE CT	
CITY - ST - ZIP	KISSIMMEE FL 34747	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, KENNETH D	
STREET ADDRESS	1030 ELIZABETH RIDGE CT	
CITY - ST - ZIP	KISSIMMEE FL 34747	
TITLE	P	<input type="checkbox"/> Delete
NAME	HILLIKER, JEFFREY	
STREET ADDRESS	1743 INDZLU ST	
CITY - ST - ZIP	WINTER GARDEN FL 34787	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBINSON, KARLA	
STREET ADDRESS	13025 MULBERRY PARK DR #322	
CITY - ST - ZIP	ORLANDO FL 32821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cindy Smith (OT)* **4/10/07** **321-677-3314**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #