2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 8:00 am
Secretary of State
04-09-2008 90020 031 ***163.75

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1. Entity Name

MERCADES SKYE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7715 INDAIN RIDGE TRAIL KISSIMMEE FL 34747	P.O. BOX 470625 CELEBRATION FL 34747

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11 Center Rd.	P.O. Box #937
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALMETTO, FL	City & State: ELLENTON FL
Zip: 34221 Country: USA	Zip: 34222 Country: USA

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	7. Name and Address of New Registered Agent
HABER, LAWRENCE H ESQ. 800 CELEBRATION AVE STE 227 CELEBRATION FL 34747-0171	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 date (if applicable). (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	DT ☐ Delete	TITLE	DT ☒ Change ☐ Addition
NAME	SMITH, CINDY	NAME	CINDY SMITH
STREET ADDRESS	1030 ELIZABETH RIDGE CT	STREET ADDRESS	11 Center Rd
CITY-ST-ZIP	KISSIMMEE FL 34747	CITY-ST-ZIP	PALMETTO FL 34221
TITLE	VP ☐ Delete	TITLE	Kenneth D. SMITH VP ☒ Change ☐ Addition
NAME	SMITH, KENNETH D	NAME	
STREET ADDRESS	1030 ELIZABETH RIDGE CT	STREET ADDRESS	11 Center Rd.
CITY-ST-ZIP	KISSIMMEE FL 34747	CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HILLIKER, JEFFREY	NAME	JEFFREY H. HILLIKER
STREET ADDRESS	1743 ;INDZLU ST	STREET ADDRESS	1743 LINDZLU ST.
CITY-ST-ZIP	WINTER GARDEN FL 34787	CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	S ☐ Delete	TITLE	KARLA ROBISON'S ☒ Change ☐ Addition
NAME	ROBINSON, KARLA	NAME	
STREET ADDRESS	13025 MULBERRY PARK DR #322	STREET ADDRESS	11 Center Rd.
CITY-ST-ZIP	ORLANDO FL 32821	CITY-ST-ZIP	PALMETTO FL 34221
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 L. SMITH DT 3/26/08 941-729-0158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #