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's signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SMITH, CINDY 1030 ELIZABETH RIDGE CT KISSIMMEE FL 34747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CINDY SMITH 11 Center Rd PALMETTO FL 34221	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SMITH, KENNETH D 1030 ELIZABETH RIDGE CT KISSIMMEE FL 34747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kenneth D. SMITH VP 11 Center Rd. PALMETTO, FL 34221	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HILLIKER, JEFFREY 1743 ;INDZLU ST WINTER GARDEN FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JEFFREY H. HILLIKER 1743 LINDZLY ST. WINTER GARDEN, FL 34787	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROBINSON, KARLA 13025 MULBERRY PARK DR #322 ORLANDO FL 32821	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KARLA Robison's 11 Center Rd. PALMETTO FL 34221	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 CINDY L. SMITH DT 3/26/08 941-729-0158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #