

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089686

FILED
Apr 15, 2009
Secretary of State

Entity Name: MERCADES SKYE ENTERPRISES, INC.

Current Principal Place of Business:

11 CENTER ROAD
PALMETTO, FL 34221 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 937
ELLENTON, FL 34222 US

New Mailing Address:

FEI Number: 03-0525720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HABER, LAWRENCE H ESQ.
800 CELEBRATION AVE
STE 227
CELEBRATION, FL 347470171 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: SMITH, CINDY
Address: 11 CENTER RD
City-St-Zip: PALMETTO, FL 34221

Title: VP () Delete
Name: SMITH, KENNETH D
Address: 11 CENTER ROAD
City-St-Zip: PALMETTO, FL 34221

Title: P () Delete
Name: HILLIKERS, JEFFREY
Address: 1743 LINDZLY ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: S () Delete
Name: ROBINSON, KARLA
Address: 11 CENTER ROAD
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: HILLIKERS, JEFFREY
Address: 1743 LINDZLU ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY L. SMITH

DT

04/15/2009

Electronic Signature of Signing Officer or Director

Date