## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jun 28, 2004 8:00 am **Secretary of State** DOCUMENT# P03000116706 06-28-2004 90011 013 \*\*\*150.00 1. Entity Name SKYCORP, INC. Principal Place of Business Mailing Address J4UJJJJJ 9180 GALLERIA COURT SUITE 700 9180 GALLERIA COURT SUITE 700 NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business 3. Mailing Address 2025 S. TamiamiTrail 20251 South Tamiami Tai Suite, Apt. #, etc. Suite, Apt. #, etc. 06212004 CR2E034 (10/03) Chg-P City & State Applied For City & State 4 EEI Number stero Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Adyress of Current Registered Agent 7. Name and Address of New Registered Agent STEWART, JAMES C JR 9180 GALLERIA COURT SUITE 700 Windsor Whe NAPLES, FL 34109 8. The above named entity submits the atement 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 ag SIGNATURE. Signature, typed or printed n ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition Phillip L. Lee NAME LEE, PHILLIP L NAME 20251 S. Tamiami Trail 9180 GALLERIA COURT SUITE 700 STREET ADDRESS STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP <u>Estero, FL 33928</u> ☐ Change ☐ Addition TITLE Delete TITLE LEE, CHRISTOPHER P NAME NAME STREET ADDRESS 9180 GALLERIA COURT SUITE 700 STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIF Delete ☐ Change Addition TITLE TITLE LEE, JANICE J NAME 9180 GALLERIA COURT SUITE-700 STREET ADDRESS STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP --CITY-ST-ZIP 1 filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplements of the corporation or the receiver or the changed, or on an attachment empewered SIGNATURE: NAME OF SIGNING OFFICER OR DIRECTOR

L. Lee,

FILED