

AUG-31-2005 WED 05:10 PM

FAX NO.

12394379106

JOE

**2005 FOR PRO IT CORPORATION
ANNUAL REPORT****FILED**
Sep 08, 2005 8:00 am
Secretary of State

02-17-2005 90031 011 ***150.00

DOCUMENT # P04000108714			
1. Entity Name BLUE SKIES LIMITED, INC.			
Principal Place of Business 8867 SOUTH WIND BAY CIRCLE FORT MYERS, FL 33908		Mailing Address 8867 SOUTH WIND BAY CIRCLE FORT MYERS, FL 33908	
2. Principal Place of Business 8867 SOUTH WIND BAY CIRCLE		3. Mailing Address 8867 SOUTH WIND BAY CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 35-2237164		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		6. Additional Fee Required \$8.75	
8. Name and Address of Current Registered Agent HARNE, STEVEN 8867 SOUTH WIND BAY CIRCLE FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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 releasing.) DATE _____			
FILE NOW! FEE IS \$500.00 Due by September 7, 2005		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	PDR HARNE, STEVEN 8867 SOUTH WIND BAY CIRCLE FORT MYERS, FL 33908	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SEC. HARNE, STEPHANIE 8867 SOUTH WIND BAY CIRCLE FORT MYERS, FL 33908	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 exemption stated in Section 110.07(3)(b), 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 prepare this report as required by Chapter 807, 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: 		x9/3/05 239 8989223	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

66061060



08112005 Chg-P CR2EC34 (10/03)

~~FLORIDA DEPT OF STATE~~

PAGE 2 OF 2

ATTACHMENT 66027028

#P04000108718

To: Florida Department of State

From: Steve Hanne

Blue Skies Limited, Inc

Date: Sept. 4, 2005

On February 7, 2005 a check for \$150.00 and an annual report was mailed. Check was deposited by the Dpt. of State. We never received a rejection letter from the Dpt of State.

Enclosed is another Annual report but we feel the \$400.00 should be waived.

Thank you for your consideration.

Sincerely,
Steve Hanne