## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Apr 14, 2005 8:00 am

	1. Entity Name SKY PROI	PERTIES OF SOUTH FLO of Business L PALM PLACE FL 32779 ace of Business	Mailing Address 320 W. SABAL PALM P							
320 W. SABAL PALM PLACE SUITE 300 LONGWOOD, FL 32779  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  KEIDAISH, PHILIP F JR. 320 W. SABAL PALM PLACE, SUITE 800 LONGWOOD, FL 32777-9  City  City  Street Address (P.O. Box Number is Not Acceptable)  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, hyned or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00	320 W. SABAL SUITE 300 LONGWOOD, F 2. Principal Pla Suite, Apt. #	L PALM PLACE FL 32779 ace of Business	320 W. SABAL PALM P Suite 300		NA THE			90106 017	***150.	00
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SUITE 300 LONGWOOD, FL 32779  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  KEIDAISH, PHILIP F JR. 320 W. SABAL PALM PLACE, SUITE 800 LONGWOOD, FL 32777-9  City  Street Address (P.O. Box Number is Not Acceptable)  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. Lam familiar with, and the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered signature required when reinstating)  9. Election Campaign Financing  \$5.00 May Be	SUITE 300 LONGWOOD, F 2. Principal Pta Suite, Apt. 6	FL 32779 ace of Business	SUITE 300	4 AL)-						
LONGWOOD, FL 32779  LONGWOOD, FL 32779  LONGWOOD, FL 32779  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O3032005 Chg-P CR2E034 (10/03)  City & State  Country  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  KEIDAISH, PHILIP F JR. 320 W. SABAL PALM PLACE, SUITE 800  LONGWOOD, FL 32777-9  City  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 the obligations of registered agent.  SIGNATURE  Signature, speed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00	LONGWOOD, F  2. Principal Pta  Suite, Apt. 6	ace of Business		LIVE						
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O3032005 Chg-P CR2E034 (10/03)  City & State  Applies  Not Applies  Not Applies  Not Applies  Street Address of Status Desired  Street Address of New Registered Agent  Name  KEIDAISH, PHILIP F JR. 320 W. SABAL PALM PLACE, SUITE 800  LONGWOOD, FL 32777-9  City  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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00	Suite, Apt. #			9			<b>T</b> AL <b>111</b> 11 <b>11</b> 111 <b>11</b> 111 <b>11</b> 11			
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 tick empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEDON PRINTED NAME OF SIGNING OFFICEN CASALETCH. Keidaish, Jr.

48-05 407-682-7711