

2007 FOR PROFIT CORPORATION ANNUAL REPORT

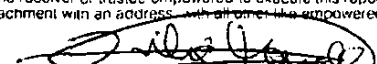
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P04000121218			
1. Entity Name SKYLINE INVESTMENT PROPERTIES INC			
Principal Place of Business 222 S WESTMONT SUITE 201 ALTAMONTE SPRINGS, FL 32714		Mailing Address 1421 SUZANNE WAY LONGWOOD, FL 32779	
2. Principal Place of Business - No P.O. Box # 1421 Suzanne Way		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State Longwood, FL		City & State	
Zip 32779		Country Semiaol	
4. FEI Number 20-1518113		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'CONNELL, WILLIAM H 2200 N PONCE DE LEON BLVD SUITE 10 ST AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent 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 in printed name of registered agent and date of signature DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	P TAWILL, LILIAN M 1421 SUZANNE WAY LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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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 Chapter 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: 		6/10/07 407-869-8826	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT

40121022

#P040001218

Ms. Marguitta Williams, Document Specialist
To: Florida Department of State
Division of Corporations

202

From: Lillian Tawill / Skyline Investment Properties, Inc.
Date: 6/10/07 (407) 869-8826

Subject - Skyline Investment Properties, Inc. FET
Ref. Number P04000121218
Re: Letter Number 407A00030933

This letter is to inform you that I never received the notice, invoice or card you mentioned. However on April 30, I was talking to some people basically an accountant & he mentioned that day was deadline to pay. Right away I called your office to inform you that I never received any card. Tried to download form on April 30, 2007 & I couldn't for six hours. You mentioned the computer is down.

I'm enclosing \$150.00 check for renewal. Please if you can waive the \$400.00 fees I would really appreciate it. As you know as soon as I knew I tried all day to pay it on 4/30/07 & you said you cannot accept it on the phone. Thank you