


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90302 049 ***150.00

DOCUMENT # P04000133929 1. Entity Name SKYMAK INVESTMENTS, INC.	
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Principal Place of Business 5012 REDSTONE DR JACKSONVILLE, FL 32210	Mailing Address 5012 REDSTONE DR JACKSONVILLE, FL 32210
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2. Principal Place of Business 5012 Redstone Dr. Suite, Apt. #, etc. Jacksonville, FL City & State	3. Mailing Address 5012 Redstone Dr. Suite, Apt. #, etc. Jacksonville, FL City & State
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Zip 32210	Country U.S.A.	Zip 32210	Country U.S.A.
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04122005 Chg-P CR2E034 (10/03)

4. FEI Number 05-0620422	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STARLING, MELINDA G 5012 REDSTONE DR JACKSONVILLE, FL 32210	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STARLING, MELINDA G 5012 REDSTONE DR JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 like empowered.

SIGNATURE: <u>Melinda G. Starling</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>Melinda G. Starling</u> Date	<u>4-25-05</u> Daytime Phone #
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ATTACHMENT
#P0400013392A

H0668552

4.25.05

To Whom it May Concern:

I have called several times to ask questions about this report but could not get through to speak to someone. I have not opened a business under this corporation but would like to keep it active so that I may use it in the future. Therefore, there has been no activity. I wasn't sure if there was any way to waive the \$150 fee. Please call me if I have filled out the report incorrectly or if there is a way to waive the fee. Thank You -

Melinda Sterling

(W) 904-630-1212 Ext. 6773

(H) 904-779-2727