


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR -8 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000150382</b> 1. Entity Name <b>SKYMARK - SAINT MICHAEL HOLDING COMPANY, INC.</b>	
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Principal Place of Business <b>2950 TAMIAMI TRAIL NORTH SUITE 16 NAPLES, FL 34103</b>	Mailing Address <b>2950 TAMIAMI TRAIL NORTH SUITE 16 NAPLES, FL 34103</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip
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04012005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-2497973</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>SOUTH FLORIDA TRUST &amp; TITLE CO., LLC 2950 TAMIAMI TRAIL NORTH SUITE 19 NAPLES, FL 34103</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P. O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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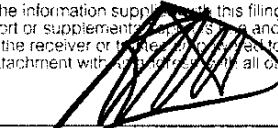
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PS <input type="checkbox"/> Delete <b>GREKOS, ZANNOS G</b> 2950 TAMIAMI TRAIL NORTH, SUITE 16 NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition     <div style="text-align: center; font-size: 1.2em; font-weight: bold;">                         500051404755                          04/20/05--01050--015 **450.00                     </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT <input type="checkbox"/> Delete <b>KYRITSIS, ATHINA L</b> 2950 TAMIAMI TRAIL NORTH, SUITE 16 NAPLES, FL 34103	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
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 in 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 supplement 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 appointed 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 this filing, in all other like empowered.

SIGNATURE:  DATE: April 05 2005 239 649 4805  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #