

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90053 032 \*\*\*150.00

**DOCUMENT # P05000117453**

1. Entity Name

**OUT OF THE SKY, INC.**



Principal Place of Business

**18201 SW 70TH PLACE  
SOUTH WEST RANCHES, FL 33331**

Mailing Address

**18201 SW 70TH PLACE  
SOUTH WEST RANCHES, FL 33331**

**40029293**



01142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**56-2565807**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RONCA, PAUL  
17912 N.W. 11TH STREET  
PEMBROKE PINES, FL 33029**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CORBITT, MORRIS E III  
STREET ADDRESS 18201 SW 70TH PLACE  
CITY-ST-ZIP SOUTH WEST RANCHES, FL 33331

TITLE S  
NAME ROPER, RAYMOND TODD  
STREET ADDRESS 8910 NW 7TH COURT  
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE T  
NAME ROPER, GEORGETTE A  
STREET ADDRESS 8910 NW 7TH COURT  
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #