

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000166530

1. Entity Name

SKYVIEW PINES PROPERTIES, INC.



Principal Place of Business

4435 UNION SPRINGS ROAD
SPRING HILL, FL 34608

Mailing Address

2216 BATTEN RD.
BROOKSVILLE, FL 34602



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4036574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATRICK, TAMMY S
4435 UNION SPRINGS ROAD
SPRING HILL, FL 34608

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000916261
05/12/08-80022-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	PATRICK, PATTI S
STREET ADDRESS	2216 BATTEN ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	VP
NAME	PATRICK, WILLIAM D
STREET ADDRESS	2216 BATTEN ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	S
NAME	CARTER, SANDY
STREET ADDRESS	2208 BATTEN ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	VP
NAME	CARTER, ROYCE
STREET ADDRESS	2208 BATTEN ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	S
NAME	PATRICK, TAMMY S
STREET ADDRESS	4435 UNION SPRINGS ROAD
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	P
NAME	CANORA, DESIREE
STREET ADDRESS	4435 UNION SPRINGS ROAD
CITY-ST-ZIP	SPRING HILL, FL 34608

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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:

Patti S. Patrick PATTI S. Patrick

Date

Daytime Phone #

4-21-08