

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166530

FILED
Feb 19, 2009
Secretary of State

Entity Name: SKYVIEW PINES PROPERTIES, INC.

Current Principal Place of Business:

4435 UNION SPRINGS ROAD
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

2216 BATTEN RD.
BROOKSVILLE, FL 34602

New Mailing Address:

FEI Number: 20-4036574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PATRICK, PATTI S
Address: 2216 BATTEN ROAD
City-St-Zip: BROOKSVILLE, FL 34602

Title: VP () Delete
Name: PATRICK, WILLIAM D
Address: 2216 BATTEN ROAD
City-St-Zip: BROOKSVILLE, FL 34602

Title: S () Delete
Name: CARTER, SANDY
Address: 2208 BATTEN ROAD
City-St-Zip: BROOKSVILLE, FL 34602

Title: VP () Delete
Name: CARTER, ROYCE
Address: 2208 BATTEN ROAD
City-St-Zip: BROOKSVILLE, FL 34602

Title: S () Delete
Name: PATRICK, TAMMY S
Address: 4435 UNION SPRINGS ROAD
City-St-Zip: SPRING HILL, FL 34608

Title: P () Delete
Name: CANORA, DESIREE
Address: 4435 UNION SPRINGS ROAD
City-St-Zip: SPRING HILL, FL 34608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTI S. PATRICK

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02/19/2009

Electronic Signature of Signing Officer or Director

Date