
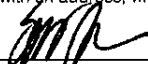


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90015 043 \*\*\*158.75

DOCUMENT # P40465			
1. Entity Name SKYLER MISSISSIPPI, INC.			
Principal Place of Business 2 N PALAFOX ST PENSACOLA, FL 32501 US		Mailing Address 2 N PALAFOX ST PENSACOLA, FL <del>32501</del> US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 32502		Country	
Zip 32502		Country	
4. FEI Number 64-0785288		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01122004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCCRORY, SONDR 2 NORTH PALAFOX STREET PENSACOLA, FL <del>32501</del>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code 32502	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. PE, GERALD	NAME	
STREET ADDRESS	2 N PALAFOX ST	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL <del>32501</del>	CITY-ST-ZIP	32502
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, J.L.	NAME	
STREET ADDRESS	2 N PALAFOX ST	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL <del>32501</del>	CITY-ST-ZIP	32502
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROY G	NAME	
STREET ADDRESS	2 N PALAFOX ST	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL	CITY-ST-ZIP	32502
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, DANA R	NAME	
STREET ADDRESS	2 N PALAFOX ST.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL <del>32501</del>	CITY-ST-ZIP	32502
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, SCOTT	NAME	
STREET ADDRESS	2 N PALAFOX ST.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL	CITY-ST-ZIP	32502
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLAN, JOHN J JR	NAME	
STREET ADDRESS	2 N PALAFOX ST.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL	CITY-ST-ZIP	32502
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: 		Date: 1/12/04 Daytime Phone #: 850-430-0187	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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