

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40465

FILED
Jan 05, 2005
Secretary of State

Entity Name: SKYLER MISSISSIPPI, INC.

Current Principal Place of Business:

2 N PALAFOX ST
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

2 N PALAFOX ST
PENSACOLA, FL 32502 US

New Mailing Address:

FEI Number: 64-0785288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCRORY, SONDR
2 NORTH PALAFOX STREET
PENSACOLA, FL 32502 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: D () Delete
Name: ST. PE, GERALD
Address: 2 N PALAFOX ST
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: HOLLOWAY, J.L.
Address: 2 N PALAFOX ST
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: WILLIAMS, ROY G,
Address: 2 N PALAFOX ST
City-St-Zip: PENSACOLA, FL 32502

Title: S () Delete
Name: FOSTER, DANA R
Address: 2 N PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32502

Title: P (X) Delete
Name: BELL, SCOTT
Address: 2 N PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32502

Title: T (X) Delete
Name: TOLAN, JOHN J JR
Address: 2 N PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BELL, SCOTT J
Address: 2 N PALAFOX ST
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Change () Addition
Name: FOSTER, DANA R
Address: 2 N PALAFOX ST
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Change () Addition
Name: TOLAN, JOHN J JR
Address: 2 N PALAFOX ST
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Change () Addition
Name: TREHERN, W. EDWARD
Address: 2 N PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32502

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 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 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: SCOTT J. BELL

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date