


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000006989** --

1. Entity Name  
 SKYWALKER ENTERPRISES, INC.



Principal Place of Business      Mailing Address

6108 ARLINGTON RD.      410 TURKEY CREEK  
 JACKSONVILLE, FL 32211      ALACHUA, FL 32615 US

**DO NOT WRITE IN THIS SPACE**



01222004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3155773      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, ARNOLD A III  
 410 TURKEY CREEK  
 ALACHUA, FL 32615

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHOSSLER, WILLIAM R
STREET ADDRESS	3159 MULBERRY PORK CT
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	D
NAME	ARNOLD, JAMES A
STREET ADDRESS	410 TURKEY CREEK
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	S
NAME	LANCASTER, HOWELL E
STREET ADDRESS	P O BOX 1256
CITY-ST-ZIP	TRENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000091272  
 03/18/04-80002-009 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:       3/16/04 (386)462-2583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #