

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90152 001 \*\*\*150.00

**DOCUMENT # P93000062733**

1. Entity Name  
SKYLINE LODGE AND RESTAURANT, INC.



Principal Place of Business  
120 E PALMETTO PARK RD  
SUITE 100  
BOCA RATON, FL 33432 US

Mailing Address  
P.O. BOX 529  
DELAND, FL 32721-0529 US

**60031900**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

905 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1

City & State

City & State

DELAND FL

Zip

Country

Zip

32724

Country

USA

04252008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0434187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LICHTMAN, JONATHAN J PA  
20283 STATE RD. 7  
SUITE 300  
BOCA RATON, FL 33498

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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 reinstalling)

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete  
NAME NASS, ROBERT A  
STREET ADDRESS P.O. BOX 244  
CITY-ST-ZIP DELAND, FL 32724

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-08