


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000076798		
1. Entity Name SKYLINE REALTY SERVICES, INC.		
Principal Place of Business 751 OAK STREET SUITE 600 JACKSONVILLE, FL 32204 US		Mailing Address 751 OAK STREET SUITE 600 JACKSONVILLE, FL 32204 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SHAW, RALPH L JR. 751 OAK STREET SUITE 600 JACKSONVILLE, FL 32204		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when venal 100)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000098499 03/29/04-80043-007 150.00
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	SHAW, RALPH L JR.	
STREET ADDRESS	751 OAK STREET SUITE 600	
CITY - ST - ZIP	JACKSONVILLE, FL 32204	
TITLE	D	
NAME	THORNTON, JOHN T	
STREET ADDRESS	751 OAK STREET SUITE 600	
CITY - ST - ZIP	JACKSONVILLE, FL 32204	
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	UIBLE, JOHN D	
STREET ADDRESS	225 WATER ST., STE. 840	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	
TITLE	D	
NAME	WINSTON, JAMES H	
STREET ADDRESS	645 RIVERSIDE AVE., STE. 619	
CITY - ST - ZIP	JACKSONVILLE, FL 32204	
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	KING, THOMAS F JR.	
STREET ADDRESS	505 LANCASTER AVE., APT. 5-B	
CITY - ST - ZIP	JACKSONVILLE, FL 32204	
TITLE	D	
NAME	THORNTON, J. PATRICK	
STREET ADDRESS	1301 RIVERPLACE BLVD #1830	
CITY - ST - ZIP	JACKSONVILLE, FL	
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 I file empowered.		
SIGNATURE: <u>R. L. Y.</u> <u>Ralph Lomar Shaw</u> <u>3/26/04</u> <u>904-358-0900</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>