

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
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**



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3274978

Applied For
Not Applicable

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

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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**

U000000907248
05/05/08-80030-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
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
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
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

**DO NOT WRITE
IN THIS SPACE**

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: *R. L. Shaw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/08

904-358-0900