2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P94000076798

Entity Name: SKYLINE REALTY SERVICES, INC.

Current Principal Place of Business:

751 OAK STREET
SUITE 600
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

751 OAK STREET
SUITE 600
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-3274978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAW, RALPH L JR.
751 OAK STREET
SUITE 600
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

THORNTON, JOHN T
751 OAK STREET
SUITE 600
JACKSONVILLE, FL 32204 US

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: JOHN T. THORNTON 04/21/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHAW, RALPH L JR.
Address: 751 OAK STREET SUITE 600
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Delete
Name: THORNTON, JOHN T
Address: 751 OAK STREET SUITE 600
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: UIBLE, JOHN D
Address: 225 WATER ST., STE. 840
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: WINSTON, JAMES H
Address: 645 RIVERSIDE AVE., STE. 619
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: KING, THOMAS F JR.
Address: 505 LANCASTER AVE., APT. 5-B
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: THORNTON, J. PATRICK
Address: 1301 RIVERPLACE BLVD #1830
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: THORNTON, JOHN T
Address: 4196 HERSCHEL AVENUE SUITE 2
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: JOHNT THORNTON MGR 04/21/2009
Electronic Signature of Signing Officer or Director Date