


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90326 028 \*\*\*150.00

<b>DOCUMENT # P95000088484</b>	
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1. Entity Name  
SKYWAY BC, INC.

Principal Place of Business  
2910 W. BAY TO BAY BLVD  
SUITE 200  
TAMPA, FL 33629 US

Mailing Address  
2910 W. BAY TO BAY BLVD  
SUITE 200  
TAMPA, FL 33629 US



2. Principal Place of Business - No P.O. Box # <u>3410 Henderson Blvd.</u>	3. Mailing Address <u>3410 Henderson Blvd</u>
Suite, Apt. #, etc. <u>200</u>	Suite, Apt. #, etc. <u>200</u>

04092008 Chg-P CR2E034 (12/06)

City & State <u>Tampa FL</u>	City & State <u>Tampa FL</u>
Zip <u>33609</u>	Country <u>USA</u>

4. FEI Number <u>59-3344650</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SMITH, W L 101 EAST KENNEDY BLVD. SUITE 3700, BARNETT PLAZA TAMPA, FL 33602	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> Zip Code
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KENNEDY, DAVID A. 2910 W. BAY TO BAY BLVD, STE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3410 Henderson Blvd, #200</u> <u>Tampa FL 33609</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROWDER, SHEFFIELD 2910 W. BAY TO BAY BLVD., STE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3410 Henderson Blvd, #200</u> <u>Tampa FL 33609</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIBSON, WILLIAM L 2910 WEST BAY TO BAY BLVD, SUITE 200 TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3410 Henderson Blvd, #200</u> <u>Tampa FL 33609</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENNEDY, JOSEPH A 2910 WEST BAY TO BAY BLVD SUITE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3410 Henderson Blvd, #200</u> <u>Tampa FL 33609</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOHACEK, ERIN 2910 WEST BAY TO BAY BLVD SUITE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3410 Henderson Blvd, #200</u> <u>Tampa FL 33609</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] 4-23-08 813-554-1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #