FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

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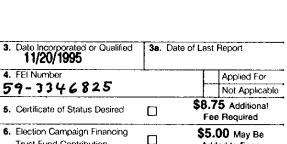


FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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P95000089660 (1) **DOCUMENT #** BLUE SKY SERVICES, INC. Principal Place of Business Mailing Address 2622 TWELVE POINT DRIVE 2622 TWELVE POINT DRIVE LAKELAND FL 33811 LAKELAND FL 33811 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State

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Trust Fund Contribution

Added to Fees Ζφ Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 29 Yes □ No 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCMAHAN, PAUL W Street Address (P.O. Box Number is Not Acceptable) 82 2622 TWELVE POINT DRIVE LAKELAND FL 33811 83 City Zip Code 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applic	cable (NOTE F	Registered Agent signature i	required when reinstating) (DATE	
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	⊠ DELETE	1. 1 TITLE	P/D	Change	Addition
NAME	MCMAHAN, PAUL W		1.2 NAME	Rebecca A. McMahan		
STREET ADDRESS	2622 TWELVE POINT DRIVE		1.3 STREET ADDRESS	2622 Twelve Rint Drive		
CHY-SI-ZIP	LAKELAND FL 33811		1.4 CITY - ST - ZIP	Lakeland FL 73811		
TITLE		DELETE	2. 1 TITLE	V/T/0	Change	Addition
NAME			2.2 NAME	Lisa Armitage		
STREET ADDRESS			2 3 STREET ADDRESS	1710 Inverness Drive		
CITY - ST - ZIP			2 4 CITY-ST-ZIP	Lakeland FL 33317		
TITLE		DELETE	3 1 TITLE	V/S/0	☐ Change	Addition
NAME			3.2 NAME	John J. Curatelli, Jr.		
STREET ADDRESS			3.3. STREET ADDRESS	8710 Triple Oaks Road		
C(1Y - S1 - Z(F)			3 4 CITY-ST-ZIP	70mpa FL 33617		
TITLE		☐ DELETE	4. 1 TITLE		☐ Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5 1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY - \$1 - ZIP			54 CITY-ST-ZIP			
TITLE		DEFELE	6 1 TITLE		Change	☐ Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			6.4 CiTY - ST - ZiP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PHILETER OF PRINTED RAME OF FIGHING OFFICER OF DIRECTOR DECCO A McMahan (941)641-2139