2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000074708

5845 JACARANDA DR

MABLETON, GA 30126

Address: City-St-Zip:

Entity Name: SKYLINE FORMING SOUTH, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	POLK CITY RE D, FL 33809	D. US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ARANDA DR N, GA 30126	US			
FEI Number	: 58-2259210	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: N			Name and Address of	Name and Address of New Registered Agent:	
The above	ON RD AVEN, FL 338 named entity s		ourpose of changing its registered	l office or registered agent, or both,	
	e of Florida.				
SIGNATUI		ic Signature of Registered Ag	ent ent	 Date	
Election Car		Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () KLEWEIN, JEFI 5845 JACARAN MABLETON, GA	DA DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () KLEWEIN, RICI 5845 JACARAN MABLETON, GA	DA DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () SNIDER, JOHN	Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: JOHN SNIDER D 04/28/2005