

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000074708

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** SKYLINE FORMING SOUTH, INC.

**Current Principal Place of Business:**

3595 OLD POLK CITY RD.  
LAKELAND, FL 33809 US

**New Principal Place of Business:**

**Current Mailing Address:**

5845 JACARANDA DR  
MABLETON, GA 30126 US

**New Mailing Address:**

5845 JACKARANDA DR SE  
MABLETON, GA 301262937 US

**FEI Number:** 58-2259210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SNIDER, JOHN J  
3329 SUNSET KEY CIRCLE  
UNIT 508  
PUNTA GORDA, FL 33955 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KLEWEIN, JEFF J  
Address: 5845 JACARANDA DR  
City-St-Zip: MABLETON, GA 30126

Title: D  
Name: SNIDER, JOHN  
Address: 5845 JACARANDA DR  
City-St-Zip: MABLETON, GA 30126

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN SNIDER

CFO

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date