2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2004 8:00 am Secretary of State

DOCUMENT # P97000075000 1. Entity Name SKYLER WAYNESBORO, INC.				03-03-2004 90	0015 041 ***158.75	
2 N PALAFOX ST 2 N		Mailing Address 2 N PALAFOX ST PENSACOLA, FL 3 2501	+			
2 Principal Place of Surinana 2 Mailing Address					III 1848 140 CAU III 1840 1860 1	
		3. Mailing Address				
		Suite, Apt. #, etc.	AMOUNTS		CR2E034 (10/03)	
		City & State		4. FEI Number 59-3473283	Applied For Not Applicable	
Zip Country		32502	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent		
MCCRORY, SONDRA 2 N PALAFOX ST PENSACOLA, FL 32501 →				Street Address (P.O. Box Number is Not Acceptable)		
			- Street Address			
			City		FL どうちつつ	
The above named entity submits this statement for the purpose of changing its registered office.				ered agent, or both, in the State of Florid		
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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.						
		ا ما ⇔ا حا		5.00 May Be dded to Fees		
After Ma	ay 1, 2004 Fee will be \$550 OFFICERS AND	.00 Trust Fund Contr	ibution. Ad	5.00 May Be dided to Fees ADDITIONS/CHANGES TO OFFICE		
After Ma	ay 1, 2004 Fee will be \$550	.00 Trust Fund Contr	ibution.	dded to Fees	ERS AND DIRECTORS IN 11 Change	
10. TITLE NAME STREET ADDRESS	OFFICERS AND D BELL, SCOTT J 2 N PALAFOX ST	.00 Trust Fund Contr	TITLE NAME STREET ADDRESS	dded to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D BELL, SCOTT J 2 N PALAFOX ST PENSACOLA, FL 02501.	Trust Fund Contr	Title NAME STREET ADDRESS CITY-SI-ZIP	dded to Fees	Change Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.

Gard ()

SIGNATURE:

SCOTT 3. Bell

1/12/04

10-054-058

Date

Daytime Phone #