## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2004 8:00 am Secretary of State 03-03-2004 90015 035 \*\*\*158.75

DOCUMENT # P97000103119  1. Entity Name SKYLER PREMIER, INC.				- -	03-03-2004 9	90015 035 ***15	58.75	
Principal Place of Business  2 N. PALAFOX STREET PENSACOLA, FL 32501.  Mailing Address  2 N. PALAFOX STREET PENSACOLA, FL 32501 PENSACOLA, P			•			<b>6401011</b>	D	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122004	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Number 59-34818	50 <u>.</u>	<del>    -   -  </del>	oplied For ot Applicable	
Zio Country		Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MCCRORY, SONDRA 2 N. PALAFOX STREET PENSACOLA, FL 32501				Name Street Address (P.O. Box Number is Not Acceptable)				
LINOAGO	, TE <b>-02</b> 007		City		, ,,,, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	FL Zeco	<b>E</b> 00	
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CH	ANGES TO OFFIC	CERS AND DIRECTOR	S IN 11	
TITLE	D	DIRECTORS  Delete	11.	ADDITIONS/CH	ANGES TO OFFIC	CERS AND DIRECTOR	S IN 11	
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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 of 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.

Land / L

SIGNATURE:

SNING OFFICER OR DIRECTOR

1/12/04

850-430-018

Daytime Phone #