

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-03-2004 90015 036 ***158.75

DOCUMENT # P97000103127

1. Entity Name
SKYLER MIAMI, INC.



Principal Place of Business
2 N PALAFOX ST
~~ONE PENSACOLA PLAZA~~
PENSACOLA, FL ~~32501~~

Mailing Address
2 N PALAFOX ST
~~ONE PENSACOLA PLAZA~~
PENSACOLA, FL ~~32501~~

2101011J



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

59-3481849

Applied For

Not Applicable

Zip

Country

Zip

Country

32502

32502

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCRORY, SONDR
2 N PALAFOX ST
PENSACOLA, FL ~~32501~~

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32502

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	BELL, SCOTT J	2 N PALAFOX ST	PENSACOLA, FL 32501	<input type="checkbox"/>
D	FOSTER, DANA R	2 N PALAFOX ST	PENSACOLA, FL 32501	<input type="checkbox"/>
D	HOLLOWAY, J L	2 N PALAFOX ST	PENSACOLA, FL 32501	<input type="checkbox"/>
D	ST. PE', GERALD	2 N PALAFOX ST	PENSACOLA, FL 32501	<input type="checkbox"/>
D	TOLAN, JOHN J JR	2 N PALAFOX ST	PENSACOLA, FL 32501	<input type="checkbox"/>
D	TREHERN, W E	2 N PALAFOX ST	PENSACOLA, FL 32501	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			32502	<input checked="" type="checkbox"/>
			32502	<input checked="" type="checkbox"/>
			32502	<input checked="" type="checkbox"/>
			32502	<input checked="" type="checkbox"/>
			32502	<input checked="" type="checkbox"/>
			32502	<input checked="" type="checkbox"/>

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.

SIGNATURE:

Scott J. Bell

Scott J. Bell

1/12/04

850-430-0187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #