

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-03-2004 90015 048 ***158.75

DOCUMENT # P98000037391

1. Entity Name
SKYLER TAMPA, INC.



Principal Place of Business
2 N PALAFOX ST
STE 400
PENSACOLA, FL 32501

Mailing Address
2 N PALAFOX ST
STE 400
PENSACOLA, FL 32501



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

59-3571612

Applied For

Not Applicable

Zip

32502

Country

Zip

32502

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCCRORY, SONDR
2 N PALAFOX ST
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

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 **D** ☐ Delete
NAME **BELL, SCOTT J**
STREET ADDRESS **2 N PALAFOX ST**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **D** ☐ Delete
NAME **FOSTER, DANA**
STREET ADDRESS **2 N PALAFOX ST**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **D** ☐ Delete
NAME **TOLAN, JOHN J**
STREET ADDRESS **2 N PALAFOX ST**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **D** ☐ Delete
NAME **HOLLOWAY, J.L.**
STREET ADDRESS **2 N PALAFOX ST**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **D** ☐ Delete
NAME **ST. PE', GERALD**
STREET ADDRESS **2 N PALAFOX ST**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **D** ☐ Delete
NAME **TREHERN, W. EDWARD**
STREET ADDRESS **2 N PALAFOX ST**
CITY-ST-ZIP **PENSACOLA, FL 32501**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32502**

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP **32502**

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TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32502**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/04 850-430-0187