# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 03, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P98000077439

1. Entity Name
SKYLAND JUPITER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O DAVID DONTEN<br>505 SOUTH FLAGLER DRIVE SUITE 900<br>WEST PALM BEACH, FL 33401 US | C/O DAVID DONTEN<br>505 SOUTH FLAGLER DRIVE SUITE 900<br>WEST PALM BEACH, FL 33401 US |

01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-0861993
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOON, BRIAN D
C/O DAVID DONTEN
505 SOUTH FLAGLER DRIVE SUITE 900
WEST PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | MOON, BRIAN DAVID |
| STREET ADDRESS | 7 CHRARLES CT., MOUNTAINVIEW GLENCRUTCHERY |
| CITY-ST-ZIP | DOUGLAS, ISLE OF MAN 1M25HT, |
| TITLE | DST |
| NAME | MOON, PAULINE ANN |
| STREET ADDRESS | 7 CHRARLES CT., MOUNTAINVIEW GLENCRUTCHERY |
| CITY-ST-ZIP | DOUGLAS, ISLE OF MAN 1M25HT, FL 33477 |
| TITLE | VD |
| NAME | MOON, MARK B |
| STREET ADDRESS | 7 CHRARLES CT., MOUNTAINVIEW GLENCRUTCHERY |
| CITY-ST-ZIP | DOUGLAS, ISLE OF MAN 1M25HT, FL 33477 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/13/06-80036-003 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** BRIAN DAVID MOON 30TH JAN 001 $7788135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2006 Daytime Phone # 281