

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000019902

1. Entity Name
SKYLINE SCAFFOLD, INC.



FILED

07 APR 13 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0911925

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LA JOIE, ROGER
3545 OCEAN DRIVE
STE 201
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SWINK, KATHY
STREET ADDRESS P.O. BOX 5407
CITY-ST-ZIP VERO BEACH, FL 32961 ☐ Delete

TITLE V
NAME WATSON, GEORGE
STREET ADDRESS P.O. BOX 5407
CITY-ST-ZIP VERO BEACH, FL 32961 ☒ Delete

TITLE VP
NAME SWINK, JUSTIN
STREET ADDRESS PO BOX 5407
CITY-ST-ZIP VERO BEACH, FL 32961 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200099195962
04/27/07--01030--029 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/12/07 (772) 567-6605

Date

Daytime Phone #

204/23