

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000027965

Entity Name: SKYWAY EXPRESS, INC.

FILED
Feb 06, 2007
Secretary of State

Current Principal Place of Business:

2861 EXECUTIVE DRIVE
SUITE 200
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 320845
TAMPA, FL 33679 US

New Mailing Address:

FEI Number: 59-3566329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREW SERVICE CORP. OF FLORIDA
201 NORTH FRANKLIN STREET
SUITE 2100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASCELLA, ROBERT F
Address: 3227 W HARBOR VIEW AVE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: CASCELLA, ANN MARIE
Address: 3327 W HARBOR VIEW AVE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CASCELLA, ANN MARIE
Address: 3227 W HARBOR VIEW AVE
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT F. CASCELLA

PRES

02/06/2007

Electronic Signature of Signing Officer or Director

Date