

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000034603

FILED
Apr 22, 2004
Secretary of State

Entity Name: SKYLINE FLAMINGO CORPORATION

Current Principal Place of Business:

% SSI 1500 COLONIAL BLVD
SUITE 235
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

% SSI 1500 COLONIAL BLVD
SUITE 235
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0913734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMITZ, WERNER
% SSI ACCOUNTING & TAX SERVICE INC.
1500 COLONIAL BLVD SUITE 235
FORT MYERS, FL 33907

Name and Address of New Registered Agent:

%SSI ACCOUNTING & TAX SERVICE INC>
1500COLONIAL BLVD
SUITE 235
FORT MYERS, FL 33907

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: SCHMITZ

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THIMEL, CHRISTIAN
Address: 1810 SOUTHWEST 50TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VD () Delete
Name: THIMEL, ANGELIKA
Address: 1810 SOUTHWEST 50TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: SD () Delete
Name: THIMEL, RENE
Address: 1810 SOUTHWEST 50TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: TD () Delete
Name: THIMEL, CELINE
Address: 1810 SOUTHWEST 50TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THIMEL

PD

04/22/2004

Electronic Signature of Signing Officer or Director

Date