

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90012 031 ***150.00

DOCUMENT # P99000034603 1. Entity Name SKYLINE FLAMINGO CORPORATION			
Principal Place of Business % SSI ACCTG+TAX SVC 3620 COLONIAL BLVD SUITE 230 FORT MYERS, FL 33966		Mailing Address %SSI ACCOUNTING AND TAX SERVICE INC. 3620 COLONIAL BLVD #230 FORT MYERS, FL 33966	
2. Principal Place of Business - No P.O. Box # c/o Mathis, Jessen & Co. Suite, Apt. #, etc. 6371-4 Presidential Ct. City & State Fort Myers FL Zip 33919 Country U.S.		3. Mailing Address c/o Mathis, Jessen & Co. Suite, Apt. #, etc. 6371-4 Presidential Ct. City & State Fort Myers FL Zip 33919 Country U.S.	
4. FEI Number 65-0913734		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SSI ACCOUNTING & TAX SERVICE INC. 3620 COLONIAL BLVD SUITE 230 FORT MYERS, FL 33966		7. Name and Address of New Registered Agent Name Mathis, Jessen & Co. Street Address (P.O. Box Number is Not Acceptable) 6371-4 Presidential Ct. City Fort Myers FL Zip Code 33919	
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 <u>Andrew G. Jessen</u> Andrew G. Jessen 1/24/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THIMEL, CHRISTIAN 1810 SOUTHWEST 50TH TERRACE CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THIMEL, ANGELIKA 1810 SOUTHWEST 50TH TERRACE CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD THIMEL, RENE 1810 SOUTHWEST 50TH TERRACE CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THIMEL, CELINE 1810 SOUTHWEST 50TH TERRACE CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Angelika Thimel</u> Angelika Thimel 1/24/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	