

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000035282**

1. Entity Name  
**SKY PROPERTY MAINTENANCE AND INVESTMENT  
COMPANY**



Principal Place of Business  
**1410 NW 70 STREET  
MIAMI, FL 33147 US**

Mailing Address  
**P.O BOX 4705206  
MIAMI, FL 33247 US**

**DO NOT WRITE IN THIS SPACE**



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0911311**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DEAN, ORANGEN R JR  
1410 NW 70 STREET  
MIAMI, FL 33147**

**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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**05/23/08-80008-017 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ORANGEN, JR, DEAN R
STREET ADDRESS	1410 NW 70 STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	RS
NAME	DEAN, ARCHIE P
STREET ADDRESS	657 RED FOX PL.
CITY-ST-ZIP	FAIRBURU, GA 30213
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*Orangen Dean*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 1-2008 305-758-1770*

Date

Daytime Phone #