2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State
02-26-2007 90082 048 ***150.00

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DOCUMENT # P99000054109

1. Entity Name
SKY MARQUEE, INC.

Principal Place of Business	Mailing Address
2334 BEN FRANKLIN DRIVE DELAND, FL 32720	2334 BEN FRANKLIN DRIVE DELAND, FL 32720

DO NOT WRITE IN THIS SPACE

01192007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3580910
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POPP, WILLIAM A
2334 BEN FRANKLIN DRIVE
DELAND, FL 32720

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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 _____ DATE
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POPP, WILLIAM A
STREET ADDRESS	2334 BEN FRANKLIN DRIVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	POPP, LAWRENCE A
STREET ADDRESS	2824 MEADOWSIDE DRIVE
CITY-ST-ZIP	MCKINNEY, TX 75070
TITLE	D
NAME	FOLEY, NADINE
STREET ADDRESS	PO BOX 88
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: William Popp Pres 3/9/07 386 734 1447
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL, OFFICER OR DIRECTOR — Date — Daytime Phone #