

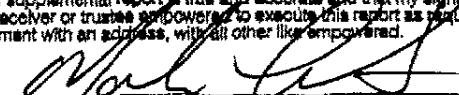
FROM :

FAX NO. :

Apr. 29 2005 09:56AM P1

FILED

May 02, 2005 08:00 AM
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000081420		
1. Entity Name SKYLINE OUTDOOR COMMUNICATIONS, INC.		
Principal Place of Business 5664 DUPREE RD. MILTON, FL 32570		Mailing Address 5664 DUPREE RD. MILTON, FL 32570
DO NOT WRITE IN THIS SPACE		
		04272005 No Chg-P CR2ED04 (10/03)
4. FEI Number 59-3599477		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LOCKLIN, CLAUDE M 5664 DUPREE RD. MILTON, FL 32570		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 reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$500.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		U000000351063 05/02/05-80130-003 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKLIN, CLAUDE M 5664 DUPREE RD. MILTON, FL 32570	
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DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  MARK LOCKLIN 4-29-05 850-675-1076		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		