2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000088103

City-St-Zip:

CLEARWATER, FL 33765

Entity Name: SKYCREST AUTO SALES. INC.

FILED Apr 08, 2005 Secretary of State

Littly Na	IIIE. SKICKE	STAUTO SALES, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
2004 DREW STREET CLEARWATER, FL 33765			1975 SHERWOOD ST CLEARWATER, FL 3376	UNIT D S5	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	W STREET ATER, FL 337	65	3841 RUDDER WAY NEW PORT RICHEY, FL	34652	
FEI Number	: 59-3600495	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
VLAMAKIS, MICHAEL 2004 DREW STREET CLEARWATER, FL 33765 US				VLAMAKIS, MICHAEL 1975 SHERWOOD ST UNIT D CLEARWATER, FL 33765 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered o	ffice or registered agent, or both,	
SIGNATUI	RE:			04/08/2005	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (VLAMAKIS, MI 2004 DREW S CLEARWATER	TREET	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	SD (VLAMAKIS, PA 2004 DREW S CLEARWATER	TREET	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address:	VP (VLAMAKIS, MA 2004 DREW S		Title: () Name: Address:	Change () Addition	

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.

City-St-Zip:

SIGNATURE: MICHAEL VLAMAKIS PRED 04/08/2005