


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S48674</b> 1. Entity Name SKYCASTLES, INC.	
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Principal Place of Business 10223 ESTUARY DR. TAMPA, FL 33647 US	Mailing Address 10223 ESTUARY DR. TAMPA, FL 33647 US
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**DO NOT WRITE IN THIS SPACE**



02292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3063127	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
FERNANDEZ, ALBERT R  
10233 ESTUARY DR.  
TAMPA, FL 33647

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

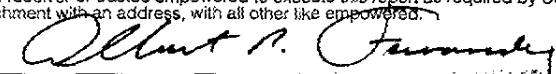
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, MARI T 10233 ESTUARY DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, ALBERT R 10233 ESTUARY DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, EVERTO S 6800 N LOIS AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, MARTA V 6800 N LOIS AV TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000097812  
03/29/04-80015-011 150.00

**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:**  **Pres. MARCH 26, 04 813.994.4454**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ALBERT R. FERNANDEZ, Pres.** Date **8/13/99** Daytime Phone #