


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90017 012 \*\*\*150.00

<b>DOCUMENT # S63284</b> 1. Entity Name <b>SKYLYTE VENTURES, INC.</b>			
Principal Place of Business <b>401 NW 39TH AVE</b> <b>FT. LAUDERDALE, FL 33311 US</b>		Mailing Address <b>401 NW 39TH AVE</b> <b>FT. LAUDERDALE, FL 33311 US</b>	
2. Principal Place of Business - No P.O. Box # <b>859 MARYMAC St. S.W.</b>		3. Mailing Address <b>859 MARYMAC St. S.W.</b>	
Suite, Apt. #, etc. <b>LIVE OAK, FL.</b>		Suite, Apt. #, etc. <b>LIVE OAK, FL.</b>	
City & State <b>LIVE OAK, FL.</b>		City & State <b>LIVE OAK, FL.</b>	
Zip <b>32064</b>		Zip <b>32064</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>65-0369672</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MARSHALL, PATRICIA J</b> <b>401 NW 39TH AVENUE</b> <b>FT. LAUDERDALE, FL 33311</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>859 MARYMAC STREET S.W.</b> City <b>LIVE OAK</b> FL Zip Code <b>32064</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARSHALL, PATRICIA J 401 NW 39TH AVENUE FT. LAUDERDALE, FL 33311	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>859 MARYMAC St. S.W.</b> <b>LIVE OAK, FL. 32064</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Patricia J. Marshall</b> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2-26-07</b> (386)330-2284 <small>Daytime Phone #</small>	