

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90061 050 \*\*\*150.00

**DOCUMENT # S63284**

1. Entity Name  
SKYLYTE VENTURES, INC.



Principal Place of Business  
859 MARYMAC ST. S.W.  
LIVE OAK, FL 32064 US

Mailing Address  
859 MARYMAC ST. S.W.  
LIVE OAK, FL 32064 US



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0369672

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MARSHALL, PATRICIA J  
859 MARYMAC ST. S.W.  
LIVE OAK, FL 32064

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MARSHALL, PATRICIA J
STREET ADDRESS	859 MARYMAC ST. S.W.
CITY - ST - ZIP	LIVE OAK, FL 32064
TITLE	VICE PRESIDENT
NAME	PHILANA V. MARSHALL
STREET ADDRESS	2117 DAVIS BLVD. APT. #121
CITY - ST - ZIP	FT. LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Patricia J. Marshall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb. 14, 2008* (386) 330-2284  
Date Daytime Phone