

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000008871

**Entity Name:** SKYES THE LIMIT, INC.**Current Principal Place of Business:**2338 LOOKING GLASS LN  
JACKSONVILLE, FL 32210**Current Mailing Address:**2338 LOOKING GLASS LN  
JACKSONVILLE, FL 32210 US**FEI Number:** 84-2676264**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENNETT, D'ARCHA A  
2338 LOOKING GLASS LN  
JACKSONVILLE, FL 32210 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	BENNETT, D'ARCHA A
Address	2338 LOOKING GLASS LN
City-State-Zip:	JACKSONVILLE FL 32210

Title	TREASURER
Name	RIVERS, JAKELA
Address	9838 OLD BAYMEADOWS RD #104
City-State-Zip:	JACKSONVILLE FL 32256

Title	ASST. SECRETARY
Name	HANNANS, RENATA
Address	3204 ALTAMONT AVE E
City-State-Zip:	JACKSONVILLE FL 32208

Title	D
Name	FLOWERS, NIKENYA
Address	661 CHERRY GROVE RD
City-State-Zip:	ORANGE PARK FL 32073

Title	EXECUTIVE SECRETARY
Name	STANLEY, BROOKE
Address	2241 S STATE HWY 121 #1122
City-State-Zip:	LEWISVILLE TX 75067

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** D'ARCHA BENNETT**FOUNDER/PRESIDENT****06/30/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date