

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000006794

**Entity Name:** SKYGEN OF FLORIDA, INC.

**Current Principal Place of Business:**

W140N8981 LILLY ROAD  
MENOMONEE FALLS, WI 53051

**Current Mailing Address:**

W140N8981 LILLY ROAD  
MENOMONEE FALLS, WI 53051 US

**FEI Number: 82-4131059**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR., SUITE A  
TALLAHASSEE, FL 32301 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           DIRECTOR, PRESIDENT  
Name           KASTEN, CRAIG R.  
Address        W140 N8981 LILLY ROAD  
City-State-Zip: MENOMONEE FALLS WI 53051

Title           DIRECTOR  
Name           BORCA, GREGORY J.  
Address        W140 N8981 LILLY ROAD  
City-State-Zip: MENOMONEE FALLS WI 53051

Title           SECRETARY  
Name           BERRYMAN, STEVEN J.  
Address        W140 N8981 LILLY ROAD  
City-State-Zip: MENOMONEE FALLS WI 53051

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

**SIGNATURE: STEVEN J BERRYMAN**

**SECRETARY**

**04/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date