

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000047591

Entity Name: SKYLINE SURFACES, INC.**Current Principal Place of Business:**5339 L B MCLEOD RD, SUITE 1600
ORLANDO, FL 32811**Current Mailing Address:**8712 LAKESHORE POINTE DRIVE
WINTER GARDEN, FL 34787 UN**FEI Number:** 88-2933549**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LYNCH, FRANCIS
605 NORTH OLIVE AVENUE
2ND FLOOR
WEST PALM BEACH, FL 33401 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	PSTD
Name	JORGE, DIEGO F
Address	8712 LAKESHORE POINTE DRIVE
City-State-Zip:	WINTER GARDEN FL 34787

Title	VP
Name	JORGE, DOUGLAS A
Address	8712 LAKESHORE POINTE DRIVE
City-State-Zip:	WINTER GARDEN FL 34787

Title	VP
Name	JORGE, VALDIR D
Address	8712 LAKESHORE POINTE DR
City-State-Zip:	WINTER GARDEN FL 34787

Title	VP
Name	JORGE, RAFAEL H
Address	8712 LAKESHORE POINTE DRIVE
City-State-Zip:	WINTER GARDEN FL 34787

Title	VP
Name	JORGE, ROSI S
Address	8712 LAKESHORE POINTE DR
City-State-Zip:	WINTER GARDEN FL 34787

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: DIEGO JORGE**PRESIDENT****02/07/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date