


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H16036</b> 1. Entity Name EASTERN SKY INVESTMENTS, INC.	
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Principal Place of Business 5910 KELLY BRIDGE RD DAWSONVILLE, GA 30534 US	Mailing Address 5910 KELLY BRIDGE RD DAWSONVILLE, GA 30534 US
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**DO NOT WRITE IN THIS SPACE**



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2463759</b>	Applied For 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**

HEEKIN, T. GEOFFREY ESQ.  
ONE INDEPENDENT DRIVE  
SUITE 2200  
JACKSONVILLE, FL 32202

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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	400000060008 02/23/04-80022-018 150.00
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, LINDA M. 5910 KELLY BRIDGE RD DAWSONVILLE, GA 30534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, JAMES T. 5910 KELLY BRIDGE RD DAWSONVILLE, GA 30534
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IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Linda Kelly Linda Kelly 2-18-04 770-893-1436  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #