


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # H16036
 1. Entity Name
EASTERN SKY INVESTMENTS, INC.



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



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2463759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000622498
 02/13/07-80028-009 150.00

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Linda Kelly - Linda Kelly - President **2-1-07** **770-893-1436**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #