

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

03-11-2005 90315 048 ***150.00
07-25-2005 90108 032 ***150.00

DOCUMENT # P04000118036	
1. Entity Name SATILLA, INC.	

Principal Place of Business 2736 HERSCHEL STREET JACKSONVILLE, FL 32205	Mailing Address 2736 HERSCHEL STREET JACKSONVILLE, FL 32205
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20065519



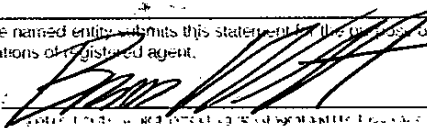
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07142005 Chg-P CR2E034 (10/03)

FEI Number 33-1095814	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WALTERS, WALLACE B 1826 MONTGOMERY PLACE JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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: _____

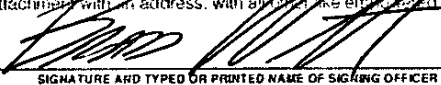
FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
WALTERS, WALLACE B 1826 MONTGOMERY PLACE JACKSONVILLE, FL 32205					
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), 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 employment.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR