


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90202 003 ***150.00

DOCUMENT # F04000003749					
1. Entity Name SITCO INCORPORATED					
Principal Place of Business 649 FIFTH AVENUE SOUTH SUITE 208 NAPLES, FL 34102			Mailing Address 75 MILFORD ROAD SUITE 201 HUDSON, OH 44236		
2. Principal Place of Business		3. Mailing Address 4201 Congress Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 410			
City & State		City & State Charlotte, NC		4. FEI Number 94-3136507	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 28209		Country USA		02162006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PC HOUSE, E. MICHAEL <input type="checkbox"/> Delete 6610 ESTERO BLVD, UNIT #724 FT MYERS BEACH, FL 33931		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V REAM, LANCE R <input type="checkbox"/> Delete 71 DIVISION STREET HUDSON, OH 44236		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>REAM, LANCE R</i> <i>2228 Hivow Place</i> <i>Charlotte, NC 28270</i>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ELLIS, STEPHEN C <input type="checkbox"/> Delete 4730 SHERWIN ROAD WILLOUGHBY, OH 44094		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD BROOMFIELD, DONALD G <input checked="" type="checkbox"/> Delete 7511 WOODSPRING LANE HUDSON, OH 44236		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MILLER, WILLIAM A <input type="checkbox"/> Delete 40 CAMINO DEL VALLE SANTA FE, NM 87506		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ALBRIGHT, RICHARD A <input type="checkbox"/> Delete 86 CONCORD ROAD WAYLAND, MA 01778		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Jan R. R.</i> Treasurer			4/27/06 704-887-6709		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		