

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F35278

FILED
Mar 30, 2005
Secretary of State

Entity Name: SOUTH ATLANTIC TECHNOLOGIES, INC.

Current Principal Place of Business:

240 TALLEYRAND AVE
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

240 TALLEYRAND AVE
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-2348846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBROOK, H. LEON
2301 INDEPENDENT SQUARE, 1 INDEPENDENT DR.
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

NICHOLSON, MARY P
1189 NORTH 18TH STREET
JACKSONVILLE BEACH, FL 32250 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: MARY P NICHOLSON

03/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLBROOK, H LEON,
Address: 2301 INDEPENDENT SQ
City-St-Zip: JACKSONVILLE, FL 00000,

Title: PD () Delete
Name: THOMAS, MRY LU
Address: 2740 JOE ASHTON ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D (X) Delete
Name: THOMAS, JACK H.
Address: 2740 JOE ASHTON ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D (X) Delete
Name: THOMAS, ARTHUR H,
Address: 11 EAST FORSYTH STREET STE 1706
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NICHOLSON, MARY P
Address: 1189 NORTH 18TH STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PD (X) Change () Addition
Name: NICHOLSON, MARY P
Address: 1189 NORTH 18TH STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARY P NICHOLSON

PRES

03/30/2005

Electronic Signature of Signing Officer or Director

Date