


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G63895</b>	
1. Entity Name AMERICAN SATELLITE SERVICES OF FLORIDA, INC.	

Principal Place of Business 499 STATE ROAD 434 SUITE 2065 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 499 STATE ROAD 434 SUITE 2065 ALTAMONTE SPRINGS, FL 32714 US
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**DO NOT WRITE IN THIS SPACE**



03212003 No Chg-P CR2E034 (10/03)

4. FEI Number 74-2285670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  HEINTZELMAN, CALVIN J 1410 TRACY DEE WAY LONGWOOD, FL 32779
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HEINTZELMAN, CALVIN J. 1410 TRACY DEE WAY LONGWOOD, FL
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08/13/04-80002-013 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Calvin J. Heintzelman** **8-11-04** **407-862-0200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #