# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 20, 2005**
**Secretary of State**

DOCUMENT# P02000075783

**Entity Name:** SDN, INC.

**Current Principal Place of Business:**

ROUTE 22, BOX 497
LAKE CITY, FL 32055

**New Principal Place of Business:**

4818 W US HIGHWAY 90
SUITE 102
LAKE CITY, FL 32055

**Current Mailing Address:**

269 SW PERSIMMON PL
LAKE CITY, FL 32024

**New Mailing Address:**

**FEI Number: 54-2066979** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BATTEN, STANLEY
269 SW PERSIMMON PL
LAKE CITY, FL 32024 US

**Name and Address of New Registered Agent:**

BATTEN, STANLEY
476 ZACK DR
LAKE CITY, FL 32055 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: _____ 01/20/2005
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: BATTEN, STANLEY
Address: P.O. BOX 1734
City-St-Zip: LAKE CITY, FL 32056

Title: VD ( ) Delete
Name: BORGANELLI, GREGORY N
Address: 3707 HIGHWAY 47 SOUTH
City-St-Zip: LAKE CITY, FL 32025

Title: STD ( ) Delete
Name: MINCHIN, JAMES R
Address: 269 SW PERSIMMON PL
City-St-Zip: LAKE CITY, FL 32024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: BATTEN, STANLEY
Address: 476 ZACK DR
City-St-Zip: LAKE CITY, FL 32055

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: STANLEY BATTEN PD 01/20/2005
Electronic Signature of Signing Officer or Director — Date