2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000112913

1. Entity Name
SATCHELL INDUSTRIES ,INC

Principal Place of Business	Mailing Address
3799 NW 37TH ST LAUDERDALE LAKES, FL 33309	3799 NW 37TH ST LAUDERDALE LAKES, FL 33309

DO NOT WRITE IN THIS SPACE

02072006   No Chg-P   CR2E034 (11/05)

4. FEI Number
13-4219754

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SATCHELL, LARRY D
3799 NW 37TH ST
LAUDERDALE LAKES, FL 33309

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SATCHELL, LARRY D
STREET ADDRESS	3799 NW 37TH ST
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/06-80023-022 150.00

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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: *Larry D. Satchell*   03/22/06   954 714 8896

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