

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90022 018 ***150.00



DOCUMENT # P03000012891
 1. Entity Name Satellite Sales & Service Inc.
4942 Hwy 98 W STE 16
SANTA ROSA Bch FL 32459

Principal Place of Business Mailing Address
316 GAIN Rd.
PANAMA City Bch. FL 32413

40077659

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PANAMA City Bch FL
 Zip Country Zip Country
32413 FL

4. FEI Number 45-0503399 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JPI09012 UTRCRA
1840 South West 22 ST. 4TH Floor
MIAMI, FL 33145

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

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

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>PRESIDENT</u>
STREET ADDRESS	<u>Allen H. Essis Jr.</u>
CITY-ST-ZIP	<u>316 GAIN Rd</u> <u>PANAMA City Bch FL 32413</u>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>SECRETARY</u>
STREET ADDRESS	<u>JOAN E. ESSIS</u>
CITY-ST-ZIP	<u>2340 PELICAN BAY CT.</u> <u>PANAMA City Bch FL 32408</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>TREASUR</u>
STREET ADDRESS	<u>JOAN E. ESSIS</u>
CITY-ST-ZIP	<u>2340 PELICAN BAY CT.</u> <u>PANAMA City Bch FL 32408</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Vice-President</u>
STREET ADDRESS	<u>Allen H. Essis Jr.</u>
CITY-ST-ZIP	<u>2340 PELICAN BAY CT.</u> <u>PANAMA City Bch FL 32408</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Allen H. Essis Jr. 4/14/08 850 233 9709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #