

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90052 027 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |                     |  |                                                                                                                                                        |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P03000016742</b><br>1. Entity Name<br><b>SATSUMA OAKS, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |                     |  |                                                                       |                                                                   |
| Principal Place of Business<br><b>310 E. BUFFALO BLUFF ROAD<br/>SATSUMA FL 32189</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                     |  | Mailing Address<br><b>310 E. BUFFALO BLUFF ROAD<br/>SATSUMA FL 32189</b>                                                                               |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         | 3. Mailing Address  |  |                                                                                                                                                        |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         | Suite, Apt. #, etc. |  |                                                                                                                                                        |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         | City & State        |  | 4. FFL Number<br><b>82-0585893</b>                                                                                                                     |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         | Country             |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>Applied For <input type="checkbox"/> Not Applicable |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |                     |  | 7. Name and Address of New Registered Agent                                                                                                            |                                                                   |
| <b>PARKER, KAREN E<br/>310 E. BUFFALO BLUFF ROAD<br/>SATSUMA FL 32189</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |                     |  | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                         |                     |  |                                                                                                                                                        |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |                     |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                    |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         |                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                  |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PRES<br>PARKER, PAUL E<br>310 E. BUFFALO BLUFF ROAD<br>SATSUMA FL 32189 <input type="checkbox"/> Delete |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>PARKER, KAREN E<br>310 E. BUFFALO BLUFF ROAD<br>SATSUMA FL 32189 <input type="checkbox"/> Delete  |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                         |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                         |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                         |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                         |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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. |                                                                                                         |                     |  |                                                                                                                                                        |                                                                   |
| <b>SIGNATURE: Karen E Parker Karen E Parker</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                     |  | <b>1-30-04 386-649-4809</b><br><small>Date Daytime Phone #</small>                                                                                     |                                                                   |