## 2005 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Feb 26, 2005 08:00 AM

DOCUMENT # P03000067378  1. Entity Name STS, INC.				Secretary of Stat
Principal Plac	ce of Business	Mailing Address	<del>'</del>	7
		39 CARL BRANDT DRIVE SHALIMAR, FL 32579		
		office 4.77.7	- · .	I PERIORAL IN CONTROL INTO CONTROL CENTRAL PRINCE AND CONTROL INTO CONTROL IN THE
1. Entity Name STS, INC.  Principal Place of Business 39 CARL BRANDT DRIVE SHALIMAR, FL 32579  BOOK NOT WRITE IN T  6. Name and Address of Current Registered A  SMITH, SAMUEL T 39 CARL BRANDT DRIVE SHALIMAR, FL 32579  8. The above named entity submits this statement for the purpose the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if apolicable fille NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  ITILE  NAME SIREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME				02242005 No Chg-P CR2E034 (10/03)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For
				32-0082596 Not Applicat
	6 Name and Address of Current De	ristored Agent	<u> </u>	5. Certificate of Status Desired  Fee Required
		hisretsen widetir	1	
				DO NOT WRITE
				IN THIS SPACE
				IN THIS SPACE
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.			<u> </u>	
	obligations of registered agent.  ITURE  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE			
		ncing \$5	5.00 May Be ded to Fees	
10.	OFFICERS AND DIF	RECTORS .	<u> </u>	
				UGBB)0244345
	1			02/26/05-80016-024 15 <b>0.00</b>
	SHALIMAR, FL 32579	<u> </u>	_	
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City-ST-ZiP			]	DO NOT WRITE
				IN THIS SPACE
STREET ADDRESS			l	
CITY-ST-ZIP			1	
TITLE NAME				

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850 651.8963