


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000096665</b>		
1. Entity Name <b>THE SATER COMPANIES, INC.</b>		
Principal Place of Business <b>25241 ELEMENTARY WAY SUITE 200 BONITA SPRINGS, FL 34135</b>		Mailing Address <b>25241 ELEMENTARY WAY SUITE 200 BONITA SPRINGS, FL 34135</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SATER, DAN F II 10198 ORCHAD RIDGE LN BONITA SPRINGS, FL 34135</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		UN00000609802 02/01/07-80064-023 150.00
TITLE	PD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	SATER, DAN F II	
STREET ADDRESS	25241 ELEMENTARY WAY SUITE 200	
CITY - ST - ZIP	BONITA SPRINGS, FL 34135	
TITLE	STD	
NAME	SATER, DEBRA SUE	
STREET ADDRESS	25241 ELEMENTARY WAY SUITE 200	<b>DO NOT WRITE IN THIS SPACE</b>
CITY - ST - ZIP	BONITA SPRINGS, FL 34135	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>
CITY - ST - ZIP		
TITLE		
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: <u>Debra S. Sater</u> <u>Debra S. Sater</u>		1-25-07 239-495-2106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone //