

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90038 028 ***150.00

DOCUMENT # P03000143188

1. Entity Name
SATURN CONTRACTORS, INC.



Principal Place of Business
**7226 W COLONIAL DR #270
ORLANDO, FL 32818**

Mailing Address
**7226 W COLONIAL DR #270
ORLANDO, FL 32818**

50000797

2. Principal Place of Business - No P.O. Box #
2582 MAGUIRE Rd

3. Mailing Address
2582 MAGUIRE Rd



Suite, Apt. #, etc.
311

Suite, Apt. #, etc.
311

02072008 Chg-P CR2E034 (12/06)

City & State
ORLANDO, Florida

City & State
ORLANDO, Florida

4. FEI Number
61-1461089

Zip
34761

Country
USA

Zip
34761

Country
USA

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

6. Name and Address of Current Registered Agent

**VELAZQUEZ, ERASMO
7226 W COLONIAL DR #270
ORLANDO, FL 32818**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **VELAZQUEZ, ERASMO**
STREET ADDRESS **7226 W COLONIAL DR #270**
CITY - ST - ZIP **ORLANDO, FL 32818**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
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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: *Erasmus Velazquez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/08 **(407) 383-8937**
Date Daytime Phone #