

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157405

Entity Name: SITA, INC.

FILED  
Mar 29, 2007  
Secretary of State

## Current Principal Place of Business:

634 RIVERSIDE DRIVE  
TARPON SPRINGS, FL 34689

## New Principal Place of Business:

33963 US HIGHWAY 19 NORTH  
PALM HARBOR, FL 34684

## Current Mailing Address:

33963 US HIGHWAY 19 NORTH  
PALM HARBOR, FL 34684

## New Mailing Address:

FEI Number: 92-0183837      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LINTON, FLORA B  
754 BAYSHORE DRIVE  
TARPON SPRINGS, FL 34688      US

## Name and Address of New Registered Agent:

LINTON, FLORA B  
754 BAYSHORE DRIVE  
TARPON SPRINGS, FL 34689      US

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.

SIGNATURE: \_\_\_\_\_

03/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: LINTON, FLORA B  
Address: 754 BAYSHORE DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD      ( ) Delete  
Name: LINTON, MICHAEL G  
Address: 754 BAYSHORE DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD      ( ) Delete  
Name: KARAPHILLIS, DAYNA LYNN  
Address: 634 RIVERSIDE DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD      ( ) Delete  
Name: KARAPHILLIS, THEOPHILOS G  
Address: 634 RIVERSIDE DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORA B. LINTON

PRES

03/29/2007

Electronic Signature of Signing Officer or Director

Date