

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157405

Entity Name: SITA, INC.

FILED
Feb 05, 2008
Secretary of State

Current Principal Place of Business:

33963 US HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

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 34689 US

Name and Address of New Registered Agent:

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:

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 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

PD

02/05/2008

Electronic Signature of Signing Officer or Director

Date