


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90315 036 \*\*\*150.00

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # P04000071592</b><br>1. Entity Name<br><b>PROFESSIONAL SATELLITE CONNECTION INC.</b>   |   |   |   |                |  |
| Principal Place of Business<br><b>423 NORTH BLVD<br/>MACCLENNY, FL 32063</b>  |   |   | Mailing Address<br><b>423 NORTH BLVD<br/>MACCLENNY, FL 32063</b>  |   |  |
| 2. Principal Place of Business<br><del>423 NORTH BLVD</del> <b>787 S. 6th St.</b>   |   | 3. Mailing Address<br><b>787 S. 6th St.</b>   |   |   |  |
| Suite, Apt. #, etc.<br>   |   | Suite, Apt. #, etc.<br>   |   |   |  |
| City & State<br><b>Maccleddy, FL</b>  |   | City & State<br><b>Maccleddy, FL</b>  |   | 4. FEI Number<br><b>141908371</b>   |  |
| Zip<br><b>32063</b>   |   | Country<br><b>USA</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CAMACHO, SAMUEL G<br/>423 NORTH BLVD<br/>MACCLENNY, FL 32063</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>William Holman</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>787 S. 6th St.</b><br>City <b>Maccleddy</b> <b>FL</b> Zip Code <b>32063</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.<br>SIGNATURE <b>William M. Holman</b> DATE <b>2/23/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>   |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>HOLMAN, WILLIAM M<br/>423 NORTH BLVD<br/>MACCLENNY, FL 32063</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 12. I hereby certify that the information supplied with this filing 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. |   |   |   |   |  |
| SIGNATURE: <b>William M. Holman</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | <b>2/23/05 904-259-3775</b><br><small>Date Daytime Phone #</small>  |   |  |

**20039315**



02222005 Chg-P CR2E034 (10/03)

☒ Applied For  
☐ Not Applicable