

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90079 014 ***150.00

DOCUMENT # P04000107498					
1. Entity Name ACS SATELLITE, INC.					
Principal Place of Business 12360 U.S. 27 SOUTH SEBRING, FL 33876			Mailing Address 12360 U.S. 27 SOUTH SEBRING, FL 33876 US		
2. Principal Place of Business 6422 US 27 S		3. Mailing Address 6422 SEBRING US 27 S			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sebring, FL		City & State Sebring, FL		4. FEI Number 20-1386882	
Zip 33870		Country Highlands		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04262005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent					
SMITH, CHARLES L <i>SMITH, Charles</i> 5241 US 27 SOUTH SEBRING, FL 33870					
7. Name and Address of New Registered Agent					
Name <i>SMITH Charles L</i> Street Address (P.O. Box Number is Not Acceptable) <i>7709 GRANDA RD</i> City <i>Sebring</i> FL Zip Code <i>33876</i>					
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 <i>[Signature]</i> DATE <i>4/27/15</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE P NAME SMITH, CHARLES L STREET ADDRESS 5241 US 27 SOUTH CITY-ST-ZIP SEBRING, FL 33870	<input type="checkbox"/> Delete				
TITLE VP NAME HARRIS, SHEILA G STREET ADDRESS 1553 CAMELLIA COURT CITY-ST-ZIP LAKE PLACID, FL 33852	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE <i>P</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>SMITH Charles L</i> STREET ADDRESS <i>7709 GRANDA RD</i> CITY-ST-ZIP <i>Sebring, FL 33876</i>					
TITLE <i>[Blank]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>[Blank]</i> STREET ADDRESS <i>[Blank]</i> CITY-ST-ZIP <i>[Blank]</i>					
TITLE <i>[Blank]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>[Blank]</i> STREET ADDRESS <i>[Blank]</i> CITY-ST-ZIP <i>[Blank]</i>					
TITLE <i>[Blank]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>[Blank]</i> STREET ADDRESS <i>[Blank]</i> CITY-ST-ZIP <i>[Blank]</i>					
TITLE <i>[Blank]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>[Blank]</i> STREET ADDRESS <i>[Blank]</i> CITY-ST-ZIP <i>[Blank]</i>					
TITLE <i>[Blank]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>[Blank]</i> STREET ADDRESS <i>[Blank]</i> CITY-ST-ZIP <i>[Blank]</i>					
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: <i>[Signature]</i> DATE <i>4/27/15</i> Daytime Phone # <i>863 243-9730</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					