2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26,
Secr

DOCUMENT # P93000071783

1. Entity Name
CLEWISTON CELLULAR & SATELLITE, INC.

Principal Place of Business	Mailing Address
530 E. SUGARLAND HWY CLEWISTON, FL 33440	530 E. SUGARLAND HWY CLEWISTON, FL 33440

04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0469670
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EBY, CHERYL L
530 E. SUGARLAND HWY
CLEWISTON, FL 33440

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000129361
04/26/04-80075-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RITTER, PATRICK J
STREET ADDRESS	10415 LOWRY LANE
CITY-ST-ZIP	LAKEPORT, FL 33471
TITLE	V
NAME	EBY, CHERYL L
STREET ADDRESS	10415 LOWRY LANE
CITY-ST-ZIP	LAKEPORT, FL 33471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Cheryl L Eby 4/21/04 863-983-7060
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #