


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90041 033 ***150.00

| | | | | | |
|---|---------------------|--|--|---|-----------------------------------|
| DOCUMENT # P94000012936 | | | |  | |
| 1. Entity Name S.A.T.T., INC. | | | | | |
| Principal Place of Business 16913 LAKESIDE DR. SUITE 12 MONTVERDE, FL 34756 | | | Mailing Address P.O. BOX 560009 MONTVERDE, FL 34756 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3224992 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent H. CURTIS HARRISON 675 LINDEN ST. CLERMONT, FL 34711 | | | | 7. Name and Address of New Registered Agent | |
| Name | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | | | FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HARRISON, W. CURTIS | | NAME | | |
| STREET ADDRESS | 675 LINDEN ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HARRISON, RUTH P | | NAME | | |
| STREET ADDRESS | 675 LINDEN ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | | CITY-ST-ZIP | | |
| TITLE | TS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HARRISON, CURTIS H | | NAME | | |
| STREET ADDRESS | 675 LINDEN ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TWEED, KENNETH I | | NAME | | |
| STREET ADDRESS | 38636 C.R. 439 | | STREET ADDRESS | | |
| CITY-ST-ZIP | EUSTIS, FL 32726 | | CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ALDERMAN, WILLIAM P | | NAME | | |
| STREET ADDRESS | 15328 SABLE AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | GROVELAND, FL 34736 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | THOMPSON, CHERYL L | | NAME | | |
| STREET ADDRESS | 300 W WASHINGTON ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | MINNEOLA, FL 34755 | | CITY-ST-ZIP | | |
| 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: <u>Cheryl L. Thompson</u> 2/26/04 President 407-469-3321 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Cheryl L Thompson | | | | | |

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02082004 Chg-P CR2E034 (10/03)