


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90119 036 ***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				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
H. CURTIS HARRISON 675 LINDEN ST. CLERMONT, FL 34711			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, 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			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	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				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <i>Cheryl L. Thompson President</i>		3-9-05		407-469-3321			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			
CHERYL L THOMPSON							

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