


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90181 041 \*\*\*150.00

<b>DOCUMENT # P96000035953</b>	
1. Entity Name <b>SATELLITE PROLINK, INC.</b>	

Principal Place of Business <b>2953 OXFORD AVENUE LAKELAND, FL 33803</b>	Mailing Address <b>2953 OXFORD AVENUE LAKELAND, FL 33803</b>
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2. Principal Place of Business <b>2905 WINTER LAKE RD</b> Suite, Apt. #, etc.	3. Mailing Address <b>P O Box 1718</b> Suite, Apt. #, etc.
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City & State <b>LAKELAND FL</b>	City & State <b>EATON PARK FL</b>
Zip <b>33803</b> Country <b>POLK</b>	Zip <b>33840-1718</b> Country <b>POLK</b>

02162005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3455458</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CARTER, JULIE 2953 OXFORD AVENUE LAKELAND, FL 33803</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>CARTER, JULIE</b>		NAME	
STREET ADDRESS <b>2953 OXFORD AVENUE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND, FL 33803</b>		CITY-ST-ZIP	
TITLE <b>PVPS</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>CARTER, JULIE</b>		NAME	
STREET ADDRESS <b>2953 OXFORD AVENUE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND, FL 33803</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>CARMAN, SALLY</b>		NAME	
STREET ADDRESS <b>2823 GARY LANE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND, FL 33813</b>		CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>DAVIS, CHARLOTTE O</b>		NAME	
STREET ADDRESS <b>1109 HALLAMWOOD CT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND, FL 33813</b>		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	
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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #