

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90014 022 \*\*\*150.00

**DOCUMENT # P96000076491**

1. Entity Name  
**ERIK STOCKER SATELLITE SERVICES, INC.**



Principal Place of Business  
**8427 PRESTON ROAD  
BROOKSVILLE, FL 34601**

Mailing Address  
**8427 PRESTON ROAD  
BROOKSVILLE, FL 34601**

2. Principal Place of Business  
**23103 JACOBSON ROAD**

3. Mailing Address  
**23103 JACOBSON ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**BROOKSVILLE, FL**

City & State  
**BROOKSVILLE, FL**

Zip  
**34601**

Country

Zip  
**34601**

Country

02142004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3400720**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**STOCKER, ERIK P  
8427 PRESTON ROAD  
BROOKSVILLE, FL 34601**

## 7. Name and Address of New Registered Agent

Name  
**STOCKER, ERIK P.**  
Street Address (P.O. Box Number is Not Acceptable)  
**23103 JACOBSON ROAD**  
City  
**BROOKSVILLE** FL Zip Code  
**34601**

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 *Erik P. Stocker*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**2/24/04**

**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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST STOCKER, ERIK P 8427 PRESTON ROAD BROOKSVILLE, FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T STOCKER, ERIK P. 23103 JACOBSON ROAD BROOKSVILLE, FL 34601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Erik P. Stocker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ERIK P. STOCKER**

Date

Daytime Phone #