

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90025 025 ***150.00

DOCUMENT # P97000033823

1. Entity Name
ASTAT, INC.



Principal Place of Business

**480 N WILLIAMS AVE
TITUSVILLE FL 32796**

Mailing Address

**3206 S. HOPKINS AVE.
PMB 72
TITUSVILLE FL 32782**

2. Principal Place of Business

1630 East Court

Suite, Apt. #, etc.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

City & State

Titusville FL

City & State

Titusville FL

4. FEI Number

59-3445482

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCDANIEL, P. ANNE
3306 S HOPKINS AVE
TITUSVILLE FL 32780**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SPERANDEO, VINCE**
STREET ADDRESS **4209 US HWY 90 W301**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **VST** ☐ Delete
NAME **TRIBBLE, ANNETTE S**
STREET ADDRESS **1630 EAST CT**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE **VP** ☐ Delete
NAME **TRIBBLE, TURNER A**
STREET ADDRESS **1630 E. COURT**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Annette S. Tribble
Annette S. Tribble

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-05 321-268-5931

Date

Daytime Phone #