


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90829 001 \*\*\*300.00

<b>DOCUMENT # P99000032585</b> 1. Entity Name <b>SATELLITE SOLUTIONS, INC.</b>			
Principal Place of Business <b>1527 W. CARMEN ST. TAMPA, FL 33607</b>		Mailing Address <b>2020 LAND O LAKES BLVD LUTZ, FL 33549</b>	
2. Principal Place of Business <b>2020 LAND O LAKES BLVD</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Lutz, FL</b>		City & State <b>Lutz, FL</b>	
Zip <b>33549</b>	Country <b>USA</b>	Zip <b>33549</b>	Country <b>USA</b>
4. FEI Number <b>59-3569756</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HANCOCK, DARRELL A 1527 W. CARMEN ST. TAMPA, FL 33607</b>		7. Name and Address of New Registered Agent Name <b>Neil Smith</b> Street Address (P.O. Box Number is Not Acceptable) <b>2020 LAND O LAKES BLVD</b> City <b>Lutz</b> <b>FL</b> Zip Code <b>33549</b>	
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 <u>X <i>Neil Smith</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <b>4.30.04</b>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HANCOCK, DARRELL 18131 SWAN LAKE DRIVE LUTZ, FL 33549 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, NEIL W 4836 N ARMENIA AVE TAMPA, FL 33603 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: <u>X <i>Neil Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4.30.04</b> (813) 751-1020 <small>Daytime Phone #</small>	

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04302004 Chg-P CR2E034 (10/03)