


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90207 022 \*\*\*150.00

**DOCUMENT # P02000106250**  
 1. Entity Name  
**NET-COMMERCE SOLUTIONS, CORPORATION**



Principal Place of Business      Mailing Address  
**3213 OLEANDER AVE.**      **3213 OLEANDER AVE.**  
**FT. PIERCE, FL 34982**      **FT. PIERCE, FL 34982**

2. Principal Place of Business      3. Mailing Address  
**860 Virginia Ave.**      **P.O. Box 4138**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Fort Pierce, FL**      **Fort Pierce, Florida**  
 Zip      Zip      Country      Country  
**34982**      **34953**      **USA**      **USA**

13000000



03302004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**02-0541669**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GEORGE, JOHN L**  
**3213 OLEANDER AVE.**  
**FT. PIERCE, FL 34982**

7. Name and Address of New Registered Agent  
 Name **John L. George**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2112 S.W. Vixen Ct.**  
 City **Port St. Lucie**      FL      Zip Code **34953**

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 **John L. George**      DATE **3/30/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PCEO</b><br><b>GEORGE, JOHN L</b><br><b>3213 OLEANDER AVE.</b><br><b>FT. PIERCE, FL 34982</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GEORGE, JOHN L</b><br><b>3213 OLEANDER AVE.</b><br><b>FT. PIERCE, FL 34982</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>ELLIS, MARY</b><br><b>2112 SW VIXEN CT</b><br><b>PORT.SAINT LUCIE, FL 34953</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>GEORGE, PORTIA F</b><br><b>707 N. 19TH ST.</b><br><b>FORT PIERCE, FL 34950</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: **John L. George**      Date **4/16/2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #