

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000003047

**Entity Name:** NETWORK SPECIALIST SERVICES, INC.

**Current Principal Place of Business:**

14625 BEACH BLVD  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

13941 KETCH COVE PLACE  
JACKSONVILLE, FL 32224

**FEI Number:** 20-8174891

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOWLES, CAROL J  
13941 KETCH COVE PLACE  
JACKSONVILLE, FL 32224 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MOWLES, CAROL J  
Address 13941 KETCH COVE PLACE  
City-State-Zip: JACKSONVILLE FL 32216

Title VP  
Name MOWLES, JAMES R  
Address 13941 KETCH COVE PLACE  
City-State-Zip: JACKSONVILLE FL 32224

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROL J MOWLES

**PRESIDENT**

**02/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date