

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000108382

**Entity Name:** NETCLARIFY, INC.**Current Principal Place of Business:**747 SW 2 AVE  
GAINESVILLE, FL 32601**Current Mailing Address:**8228 SW 42 AVE  
GAINESVILLE, FL 32608**FEI Number: 45-4544413****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GROSS, ADAM J  
8228 SW 42ND AVENUE  
GAINESVILLE, FL 32608 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	CEOP
Name	GROSS, ADAM J
Address	8228 SW 42ND AVENUE
City-State-Zip:	GAINESVILLE FL 32608

Title	CTD
Name	MILLS, JON L
Address	2727 NW 58TH BLVD
City-State-Zip:	GAINESVILLE FL 32606

Title	VCD
Name	HEGGESTAD, ARNOLD
Address	6918 NW 48TH LANE
City-State-Zip:	GAINESVILLE FL 32653

Title	VPD
Name	STURM, GLEN W
Address	12 INTERLOCHEN DR
City-State-Zip:	ATLANTA GA 30342

Title	DIRECTOR
Name	BARNETT, MARTHA MRS.
Address	315 CALHOUN STREET SUITE 600
City-State-Zip:	TALLAHASSEE FL 32301

*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: ADAM GROSS****CHIEF EXECUTIVE  
OFFICER****02/26/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date