## 2005 FOR PROFIT CORPORATION

## Apr 04, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # 555304** 04-04-2005 90091 003 \*\*\*158.75 1. Entity Name TEAMWORKNET, INC. Principal Place of Business Mailing Address 50033498 6550 NEW TAMPA HIGHWAY 6550 NEW TAMPA HIGHWAY STE B STE B LAKELAND, FL 33815 LAKELAND, FL 33815 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02282005 Chg-P Applied For City & State City & State 4. FEI Number 59-1800385 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOOD, PAUL W Street Address (P.O. Box Number is Not Acceptable) 6550 NEW TAMPA HWY STE B LAKELAND, FL 33815 City 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 algorature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CTAddition Delete X Change TITLE TITLE NAME BUSHEA, KENNETH R NAME STREET ADDRESS 6550 NEW TAMPA HWY STE B STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP LAKELAND, FL 33815 🔀 Change VD ☐ Addition TITLE ☐ Delete TITLE V/T TITTEL, HARRY J NAME NAME 6550 NEW TAMPA HWY STE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 33815 PD Delete Р Change ☐ Addition\_ TITLE TITLE SEELIG, CHRISTOPHER W NAME NAME 6550 NEW TAMPA HWY STE B STREET ADDRESS STREET ADDRESS LAKELAND, FL 33815 CITY-ST-ZIP CITY-ST-ZIP Change VDS ☐ Delete TITLE V/S ☐ Addition WOOD, PAUL W NAME NAME STREET ADDRESS 6550 NEW TAMPA HWY STE B STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33815 CITY-ST-ZIP Change ☐ Addition VD ☐ Delete TITLE TITLE ASHLINE, THOMAS E NAME NAME STREET ADDRESS 6550 NEW TAMPA HWY STE B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 33815

**FILED** 

X Change

☐ 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

CEO

SIGNATURE: _	End	W. Wood	Paul	W.	Wood	2	28/05	863-327-1	080
	SIGNATURE A	NO TYPED OR PRINTED NAM	IE OF BIGNING OFF		Date	Daytime Phone #	Daytime Phone #		

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GATES, PAUL D

LAKELAND, FL 33815

6550 NEW TAMPA HWY STE B

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	DOCUMENT # 555304 (Con't)  1. Entity Name TEAMWORKNET, INC.												
Principal Place	Principal Place of Business Mailing Address							1	500	23	34	198	
Principal Place of Business     3. Mailing Address													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02282005	Chg-P	CR2E0	34 (10/03)		
City & State	late			City & State			4. FEI Numb	er		<del></del>	plied For Applicable		
Zip	<del></del>	Country	Zip Cour		ntry		5. Certificate	of Status Desired		\$8.75 Add Fee Required			
	6. Name	and Address of Curre	nt Regis	stered Agent		Name		7. Name and	Address of New	Registered A	igent		
WOOD, PA	AUL W					Pearito							
6550 NEW TAMPA HWY STE B LAKELAND, FL 33815				Street Address (P.Q. Box Number is Not Acceptable)									
					-					FL	Zip Code	<u></u>	
	named entitions of regis	y submits this statemen tered agent.	t for the p	purpose of changing its	register	ed office or re	gister	ed agent, or bo	th, in the State of F		amiliar with,	and accept	
SIGNATURE_	Signatura typer	or printed name of registered ag	and and little	Manninghia (NOT	E. Danielava	ed Agent signature i	ranuirad	when reinstations		DATE			
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SIGNATURE:Pwv								2	126		•		
SIGNAL	UNE:	SIGNATURE AND TYPED	OR PRINTE	D NAME OF SIGNING OFFICER	OR DIREC	TOR			Date		Paytime Phone #		