

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90091 003 ***158.75

DOCUMENT # 555304

1. Entity Name
TEAMWORKNET, INC.



Principal Place of Business
**6550 NEW TAMPA HIGHWAY
STE B
LAKELAND, FL 33815 US**

Mailing Address
**6550 NEW TAMPA HIGHWAY
STE B
LAKELAND, FL 33815**

50033498

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1800385

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, PAUL W
6550 NEW TAMPA HWY STE B
LAKELAND, FL 33815**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CT ☐ Delete
NAME **BUSHEA, KENNETH R**
STREET ADDRESS **6550 NEW TAMPA HWY STE B**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE VD ☐ Delete
NAME **TITTEL, HARRY J**
STREET ADDRESS **6550 NEW TAMPA HWY STE B**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE PD ☐ Delete
NAME **SEELIG, CHRISTOPHER W**
STREET ADDRESS **6550 NEW TAMPA HWY STE B**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE VDS ☐ Delete
NAME **WOOD, PAUL W**
STREET ADDRESS **6550 NEW TAMPA HWY STE B**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE VD ☐ Delete
NAME **ASHLINE, THOMAS E**
STREET ADDRESS **6550 NEW TAMPA HWY STE B**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE D ☐ Delete
NAME **GATES, PAUL D**
STREET ADDRESS **6550 NEW TAMPA HWY STE B**
CITY-ST-ZIP **LAKELAND, FL 33815**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Paul W. Wood Paul W. Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05

Date

863-327-1080

Daytime Phone #

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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Hestand, Rue S
6550 New Tampa Hwy., Suite B
Lakeland, FL 33815

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

50033498

2/26