2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# F00000006716

Entity Name: CONFIDENTIAL NETWORK, INC.

Current Principal Place of Business:

20733 CHESTNUT STREET
DUNNELLON, FL 34431

New Principal Place of Business:

Current Mailing Address:

20733 CHESTNUT STREET
DUNNELLON, FL 34431

New Mailing Address:

FEI Number: 84-1317009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKHOLZ, DARLENE
1018 NE 10TH ST.
OCALA, FL 34470 US

Name and Address of New Registered Agent:

HOEHN, AUDREY
11531 NE 81ST STREET
BRONSON, FL 32621 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: AUDREY HOEHN 07/07/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: KINCAID, CHERYN
Address: 20733 CHESTNUT STREET
City-St-Zip: DUNNELLON, FL 34431

Title: P ( ) Delete
Name: CONLY, KELLY
Address: 20733 CHESTNUT STREET
City-St-Zip: DUNNELLON, FL 34431

Title: T ( ) Delete
Name: CONLY, KELLY
Address: 20733 CHESTNUT
City-St-Zip: DUNNELLON, FL 34431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHERYN KINCAID S 07/07/2005
Electronic Signature of Signing Officer or Director Date