

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000001273

1. Entity Name
VITAL NETWORK SERVICES, INC.



Principal Place of Business
**14520 MCCORMICK DR.
TAMPA, FL 33626**

Mailing Address
**14520 MCCORMICK DR.
TAMPA, FL 33626**



04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0578166

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCEO
KOEHLER, JOHN A
14520 MCCORMICK DR.
TAMPA, FL 33626**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
KEE, JERREL W
14520 MCCORMICK DR.
TAMPA, FL 33626**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
KEE, JERREL W
14520 MCCORMICK DR.
TAMPA, FL 33626**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FERRI, PAUL J
1000 WINTER STREET, SUITE 4500
WALTHAM, MA 02451**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUSSO, CARL
595 PARK AVENUE, #103
SAN JOSE, CA 95110**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000944148
05/29/08-80087-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Jerrel W KEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08
Date

813 818 5252
Daytime Phone #