

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002486

1. Entity Name
NETWORK DYNAMICS INC.



Principal Place of Business
4025 TAMPA RD., STE. 1118
OLDSMAR, FL 34677

Mailing Address
4025 TAMPA RD., STE. 1118
OLDSMAR, FL 34677



03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3941419

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRADSHAW, L. JAMES
4025 TAMPA RD., STE. 1118
OLDSMAR, FL 34677

**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, 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 D
NAME CAMMICK, PETER
STREET ADDRESS 2430 COFFEE POT BLVD.
CITY - ST - ZIP ST. PETERSBURG, FL 32704

TITLE D
NAME JONES, KIM C
STREET ADDRESS 3808 S. KENWOOD AVE.
CITY - ST - ZIP TAMPA, FL 33611

TITLE P
NAME BRADSHAW, JAMES
STREET ADDRESS 2818 ROEHAMPTON
CITY - ST - ZIP TARPON SPRINGS, FL 34689

TITLE VPS
NAME REAGAN, PETER
STREET ADDRESS 92 BEACH ST.
CITY - ST - ZIP COHASSET, MA 02025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000278851
03/28/05-80043-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05

Date

8138188597

Daytime Phone #