

**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

Amended

FILED

04 DEC -2 PM 5:12


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-04-04 010 018 \$43.75



DOCUMENT # F03000003587

1. Entity Name
NATIONAL COMNET SERVICES INCORPORATED



Principal Place of Business
18545 FARM ROAD
SMITHFIELD, VA 23430

Mailing Address
295 BENDIX RD.
SUITE 140
VIRGINIA BEACH, VA 23452

2. Principal Place of Business
613 Lynn Haven Pkwy.
Suite, Apt. #, etc.
SUITE 110

3. Mailing Address
613 Lynn Haven Pkwy.
Suite, Apt. #, etc.
SUITE 110

City & State
VIRGINIA BEACH, VA.

City & State
VIRGINIA BEACH, VA.

Zip
23452 Country
USA

Zip
23452 Country
USA

11152004 Chg-P CR2E034 (10/03)

4. FEI Number
54-1936610

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITTINGTON, BRIAN
9271 LAZY LANE
TAMPA, FL 33614

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP MAXWELL, WALTER U JR 18545 FARM ROAD SMITHFIELD, VA 23430 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500043225489 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/07/04--01009--003 **17.50 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP HOPKINS, GARRY P. 295 BENDIX RD STE. 140 VA BEACH, VA 23452 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>CP HOPKINS, GARRY P.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>613 LYNN HAVEN PKWY, SUITE 110</i> <i>VIRGINIA BEACH, VA. 23452</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MAXWELL, KATHLEEN M 18545 FARM ROAD SMITHFIELD, VA 23430 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Garry P. Hopkins* 11-30-04 757-589-6308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #