

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000003644

1. Entity Name
NETWORK OPERATOR SERVICES, INC.



Principal Place of Business
**119 W. TYLER, SUITE 260
LONGVIEW, TX 75601**

Mailing Address
**PO BOX 3529
LONGVIEW, TX 75606**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2236192

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTIN, TIM
STREET ADDRESS P O BOX 3529
CITY-ST-ZIP LONGVIEW, TX 75606

TITLE VPD
NAME MARTIN, RON
STREET ADDRESS P O BOX 3529
CITY-ST-ZIP LONGVIEW, TX 75606

TITLE S
NAME MARTIN, LINDA
STREET ADDRESS P O BOX 3529
CITY-ST-ZIP LONGVIEW, TX 75606

TITLE R
NAME HUTCHISON, RON
STREET ADDRESS P O BOX 3529
CITY-ST-ZIP LONGVIEW, TX 75606

TITLE D
NAME ROTHROCK, TONY
STREET ADDRESS P O BOX 3529
CITY-ST-ZIP LONGVIEW, TX 75606

TITLE D
NAME MARTIN, RICHARD
STREET ADDRESS P O BOX 3529
CITY-ST-ZIP LONGVIEW, TX 75606

U00000620834
02/09/07-80053-002 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07

Date

903-323-4571

Daytime Phone #