


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000003716
 1. Entity Name
COM-NET SERVICES, INC.



Principal Place of Business Mailing Address
8232 W. DARRYL **8183 W. EL CAJON**
BATON ROUGE, LA 70815-8093 **BATON ROUGE, LA 70815-8093**

DO NOT WRITE IN THIS SPACE



07112005 No Chg-P CR2E034 (10/03)

4. FEI Number
72-1393331 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
% CT CORPORATION SYSTEM
PLANTATION, FL 33324

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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)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	PHILLIPS, N. LARON
STREET ADDRESS	8183 W. EL CAJON
CITY-ST-ZIP	BATON ROUGE, LA 70815
TITLE	D
NAME	RUSH, J. JAY
STREET ADDRESS	12740 TRIPLE B RD.
CITY-ST-ZIP	GREENWELL SPRINGS, LA 70739
TITLE	VPGM
NAME	THIBODAUX, VINCENT R
STREET ADDRESS	8183 W. EL CAJON
CITY-ST-ZIP	BATON ROUGE, LA 708158093
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *D.A. OATLEY* Date: 8-8-05 Daytime Phone #: 225-906-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR