

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000005914**

1. Entity Name  
**ANNUITYNET INSURANCE AGENCY, INC.**



Principal Place of Business  
**2350 CORPATE PARK DRIVE  
600  
HERNDON, VA 20171 US**

Mailing Address  
**2350 CORPATE PARK DRIVE  
600  
HERNDON, VA 20171 US**



03122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**35-2058354**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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 CHALKE, SHANE A  
STREET ADDRESS 2350 CORPORATE PARK DRIVE 6TH FLOOR  
CITY-ST-ZIP HERNDON, VA 20171

U000000109428  
04/12/04-80043-004 150.00

TITLE VSD  
NAME HAHN, JEFFREY P  
STREET ADDRESS 2350 CORPORATE PARK DRIVE 6TH FLOOR  
CITY-ST-ZIP HERNDON, VA 20171

TITLE TD  
NAME SERGER, CARL A  
STREET ADDRESS 2350 CORPORATE PARK DRIVE 6TH FLOOR  
CITY-ST-ZIP HERNDON, VA 20171

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** Jeffrey P. Hahn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04  
Date

703.234.0145  
Daytime Phone #