

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90308 001 ***450.00

DOCUMENT # F99000002744

1. Entity Name
NETWOLVES CORPORATION



Principal Place of Business
**4805 INDEPENDENCE PARKWAY
STE 101
TAMPA, FL 33634**

Mailing Address
**4805 INDEPENDENCE PARKWAY
STE 101
TAMPA, FL 33634**

66009543



2. Principal Place of Business - No P.O. Box #
4710 EISENHOWER BLVD

3. Mailing Address
4710 EISENHOWER BLVD

Suite, Apt. #, etc.
SUITE F2

Suite, Apt. #, etc.
SUITE F2

04032008 Chg-P CR2E034 (12/06)

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
11-2208052

Applied For
Not Applicable

Zip
33634

Country
USA

Zip
33634

Country
USA

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

6. Name and Address of Current Registered Agent

**TCS CORPORATE SERVICES, INC
103 N MERIDIAN ST
TALLAHASSEE, FL 32301**

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

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, 2008 Fee will be \$550.00**

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	PC FOOTE, SCOTT 4805 INDEPENDENCE PKWY SUITE TAMPA, FL 34634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GROTEDE, WALTER R SR 4805 INDEPENDENCE PKWY SUITE TAMPA, FL 34634 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CASTLE, PETER C 4805 INDEPENDENCE PKWY SUITE TAMPA, FL 34634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, MYRON 4805 INDEPENDENCE PKWY SUITE TAMPA, FL 34634 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCQUE, MICHAEL R 4805 INDEPENDENCE PKWY SUITE TAMPA, FL 34634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABREMARIANN, FASSIL 4805 INDEPENDENCE PKWY SUITE TAMPA, FL 34634 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4710 EISENHOWER BLVD SUITE F2 TAMPA FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4710 EISENHOWER BLVD STE F2 TAMPA FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4710 EISENHOWER BLVD STE F2 TAMPA FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4710 EISENHOWER BLVD SUITE F2 TAMPA FL 33634

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

04/04/08

Date

(813) 5793201

Daytime Phone #