2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # J30568 02-04-2004 90078 046 \*\*\*150.00 1. Entity Name ENTELLUS TECHNOLOGY GROUP, INC. Principal Place of Business Mailing Address RAGEOFON 401 SWEETWATER CLUB BLVD. LONGWOOD FL 32779 401 SWEETWATER CLUB BLVD. LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2721597 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LYONS, FRANK W. Street Address (P.O. Box Number is Not Acceptable) 401 SWEETWATER CLUB BLVD LONGWOOD FL 32779 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Recistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Channe LYONS, FRANK W. NAME MANAF 401 SWEETWATER CLUB BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP TITLE ☐ Delete DTI F ☐ Change ☐ Addition LYONS, ANNE M NAME STREET ADDRESS 401 SWEETWATER CLUB BLVD STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME MANAG STREET ADDRESS STREET ADDRESS CITY-ST-7P COTY-ST-ZIP-TITLE TIRE Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 guiter like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE Daytime Phone # OR OWNECTOR

FILED

Mar 12, 2004 8:00 am