

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90012 049 \*\*\*150.00

**DOCUMENT # J94529**

1. Entity Name

TRACI.NET INC.



Principal Place of Business

550 FAIRWAY DRIVE  
#102  
DEERFIELD BEACH FL 33441  
US

Mailing Address

550 FAIRWAY DRIVE  
#102  
DEERFIELD BEACH FL 33441  
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

65-0006731

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, MALCOLM  
550 FAIRWAY DRIVE #102  
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name

Leon Edward Gull

Street Address (P.O. Box Number is Not Acceptable)

21766 Beachnut drive

City

Deerfield Beach

FL

Zip Code

33433

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

Leon E. Gull

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when certifying)

DATE

2-4-08

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES  
NAME GULL, LEON E  
STREET ADDRESS 21766 BEACHNUT DRIVE  
CITY-ST-ZIP DEERFIELD BEACH FL 33433

TITLE VP  
NAME GULL, DARIN  
STREET ADDRESS 4801 N.W. STREET  
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE VP S  
NAME FRYER, JEFFREY  
STREET ADDRESS 11891 ROYAL PALM BLVD.  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE T  
NAME GULL, DAMON  
STREET ADDRESS 21766 BEACHNUT DRIVE  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Leon E. Gull

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-08

954-354-7000

Date

Daytime Phone #