2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N10807

Entity Name: NET EMPLOYEE'S SERVICE CLUB, INC.

Current Principal Place of Business:

PO BOX 485
130 N. FOURTH STREET
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

PO BOX 485
130 N. FOURTH STREET
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 59-2626435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TEAGUE, JANET R MS.
150 W. OHIO AVE.
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

GRIFFIS, MICHAEL W MR.
BOB BURNSED ROAD
GLEN ST. MARY, FL 32040 US

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.

SIGNATURE: MICHAEL W. GRIFFIS 04/26/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: JACKSON, KIM D MRS.
Address: 540 E. MCIVER ST.
City-St-Zip: MACCLENNY, FL 32063

Title: TD ( ) Delete
Name: FINLEY, DEBORAH L MRS.
Address: 930 FINLEY DR
City-St-Zip: MACCLENNY, FL 32063

Title: VD ( ) Delete
Name: GRIFFIS, MICHAEL W MR.
Address: BOB BURNSED ROAD
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: CREWS, MIKELL D MR.
Address: 12705 CREWS NURSERY LANE
City-St-Zip: MACCLENNY, FL 32063

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM D. JACKSON SD 04/26/2005
Electronic Signature of Signing Officer or Director Date