



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N99000003816 1. Entity Name NET WORK LIMITED, INC. |  |
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|--|---|
| Principal Place of Business 4911 SE 40TH TERRACE OCALA, FL 34480 | Mailing Address PO BOX 830305 OCALA, FL 34483 |
|--|---|

DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP CR2E037 (4/06)

| | |
|---|-------------------------------|
| 4. FEI Number 59-3584086 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**SMOOT, DAVID M
4911 SE 40TH TERR
OCALA, FL 34480**

**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.

| | | |
|---|---|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000777395 01/10/08-80005-022 61.25 |
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10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMOOT, DAVID M 4911 SE 40TH TERR OCALA, FL 34480 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMOOT, DIANE W 4911 SE 40TH TERR OCALA, FL 34480 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSON, JOHNNY H 1183 SE 57TH AVE OCALA, FL 34471 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:  **DAVID M. SMOOT** **1-6-08 352-687-4600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #