

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000006512

FILED
Apr 27, 2005
Secretary of State

Entity Name: DIGITAL NETWORK SYSTEMS, INC.

Current Principal Place of Business:

1414 RAILHEAD BLVD
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1414 RAILHEAD BLVD
NAPLES, FL 34110

New Mailing Address:

PO BOX 112529
NAPLES, FL 34108

FEI Number: 59-3617349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLSON, JOHN R
911 17ST SW
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NICHOLSON, JOHN
Address: 911 17 ST S W
City-St-Zip: NAPLES, FL 34117

Title: VP () Delete
Name: STRUBLE, ERIC
Address: 9932 COLONIAL W
City-St-Zip: ESTERO, FL 33928

Title: T () Delete
Name: NICHOLSON, WILLIAM
Address: 1266 DUNWOODY KNOLL
City-St-Zip: ATLANTA, GA 30337

Title: S () Delete
Name: HARMON, CATHERINE
Address: 1266 DUNWOODY KNOLL
City-St-Zip: ATLANTA, GA 30337

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. NICHOLSON

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date