

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90061 021 ***150.00

DOCUMENT # P00000013777					
1. Entity Name GLOBAL SITE COMM, INC.					
Principal Place of Business 105 DUNBAR AVE SUITE E OLDSMAR, FL 34677			Mailing Address P.O. BOX 249 OLDSMAR, FL 34677		
2. Principal Place of Business 107 Dunbar Ave.		3. Mailing Address			
Suite, Apt. #, etc. Suite K		Suite, Apt. #, etc.			
City & State Oldsmar, FL. 34677		City & State			
Zip 34677	Country	Zip	Country	4. FEI Number 65-0985280	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FELDMAN, DONNA J 2650 MCCORMICK DR. SUITE 100 CLEARWATER, FL 33759			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUTLER, MICHAEL 105 DUNBAR AVE SUITE E OLDSMAR, FL 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	107 Dunbar Ave. Suite K Oldsmar, FL. 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MCINTYRE, BRUCE R 105 DUNBAR AVE SUITE E OLDSMAR, FL 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	107 Dunbar Ave. Suite K Oldsmar, FL. 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 other like empowered.					
SIGNATURE: <u>Bruce R. McIntyre</u>			4-10-05 727-439-3683		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bruce R. McIntyre Vice-President			Date Daytime Phone #		