

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90011 023 ***150.00

DOCUMENT # P00000023159					
1. Entity Name JANSON NETWORK SOLUTIONS, INC.					
Principal Place of Business 436 9TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250			Mailing Address 436 9TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business 515 7TH AVE. SOUTH		3. Mailing Address 515 7TH AVE. SOUTH			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182004 Chg-P CR2E034 (10/03)	
City & State JACKSONVILLE BEACH, FL		City & State JACKSONVILLE BEACH, FL		4. FEI Number 59-3630037	
Zip 32250		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JANSON, DAVID A 436 9TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name: JANSON, DAVID A. Street Address (P.O. Box Number is Not Acceptable): 515 7TH AVE. SOUTH City: JACKSONVILLE BEACH FL Zip Code: 32250		
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: DATE: 2/18/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS NAME JANSON, DAVID A STREET ADDRESS 436 9TH AVENUE SOUTH CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 515 7TH AVE. SOUTH CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME THRIFT, MICHAEL STREET ADDRESS 436 9TH AVE. SOUTH CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 515 7TH AVE. SOUTH CITY-ST-ZIP 	<input checked="" 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:			DAVID A JANSON 2/18/04 904-332-5788		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		