

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000024021

1. Entity Name
NETWORK STRATEGIES, INC.



Principal Place of Business
219 LA VALENCIA CIRCLE
PANAMA CITY BEACH, FL 32413

Mailing Address
PO BOX 7518
PANAMA CITY BEACH, FL 32413

FILED
Sep 04, 2008 08:00 AM
Secretary of State



08282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1820061

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAGNER, MICHAEL R
219 LA VALENCIA CIRCLE
PANAMA CITY BEACH, FL 32413

**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 MICHAEL R. WAGNER, PRES. Michael R. Wagner 8/28/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME WAGNER, MICHAEL R
STREET ADDRESS 219 LA VALENCIA CIRCLE
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

TITLE EVP
NAME WAGNER, LYNNE P
STREET ADDRESS 219 LA VALENCIA CIRCLE
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

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U00000959022
09/04/08-80002-014 150.00

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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 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: Michael R. Wagner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/2008 Date

850-249-5522 Daytime Phone #