

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032337

FILED
Feb 09, 2009
Secretary of State

Entity Name: COMPUTER NETWORK SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 28826
JACKSONVILLE, FL 322268826

New Principal Place of Business:

15628 DEWNNA RD
JACKSONVILLE, FL 32218

Current Mailing Address:

P.O. BOX 28826
JACKSONVILLE, FL 322268826

New Mailing Address:

15628 DEWANNA
JACKSONVILLE, FL 32218

FEI Number: 59-3716434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, JOHN R
225 WATER ST, STE 900
JACKSONVILLE, FL 32202 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: D () Delete
Name: MCCALL, THERESA L
Address: 15628 DEWANNA RD
City-St-Zip: JACKSONVILLE, FL 322268826

Title: D () Delete
Name: MCCALL, KEITH
Address: 15628 DEWANNA RD
City-St-Zip: JACKSONVILLE, FL 322268826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: KEITH MCCALL

D

02/09/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date