

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086431

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: GLOBALCOMM SOLUTIONS, INC.

## Current Principal Place of Business:

5675 NEW TAMPA HIGHWAY  
SUITE 12  
LAKELAND, FL 33815

## New Principal Place of Business:

## Current Mailing Address:

5675 NEW TAMPA HIGHWAY  
SUITE 12  
LAKELAND, FL 33815

## New Mailing Address:

FEI Number: 59-3741661      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RABIN, GARY S  
ONE LAKE MORTON DRIVE  
LAKELAND, FL 33801      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: PATE, ANDREW J  
Address: 167 SHANNON OAKS DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete  
Name: CAGNINA, JOHN F  
Address: 3611 NO FORBES RD.  
City-St-Zip: PLANT CITY, FL 33565

Title: D ( ) Delete  
Name: VANARSDALL, JOHN E  
Address: 5054 HANOVER LN.  
City-St-Zip: LAKELAND, FL 33813

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PATE, ANDREW J  
Address: 464 OAK LANDING BLVD  
City-St-Zip: MULBERRY, FL 33860

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: ANDREW J PATE

D

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date