

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096934

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: NET-COMM IT SOLUTIONS, INC.

## Current Principal Place of Business:

200 E GOVERNMENT  
SUITE 240 C  
PENSACOLA, FL 32502

## New Principal Place of Business:

2260 LAVISTA AVENUE  
PENSACOLA, FL 32504

## Current Mailing Address:

200 E GOVERNMENT  
SUITE 240 C  
PENSACOLA, FL 32502

## New Mailing Address:

2260 LAVISTA AVENUE  
PENSACOLA, FL 32504

FEI Number: 59-3755839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCASKILL, VINCENT  
200 E. GOVERNMENT ST., STE. 240-C  
PENSACOLA, FL 32502 US

## Name and Address of New Registered Agent:

MCCASKILL, VINCENT  
2260 LAVISTA AVENUE  
PENSACOLA, FL 32504 US

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: \_\_\_\_\_

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCCASKILL, VINCENT  
Address: 200 E. GOVERNMENT ST., STE. 240-C  
City-St-Zip: PENSACOLA, FL 32502

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MCCASKILL, VINCENT  
Address: 2260 LAVISTA AVENUE  
City-St-Zip: PENSACOLA, FL 32504

Title: O ( ) Change (X) Addition  
Name: MCCASKILL, ROSA D  
Address: 2260 LAVISTA AVENUE  
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VINCE MCCASKILL

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date