## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000001743

1. Entity Name
WITHOUT A NET, INC.



05-11-2006 90248 016 \*\*\*150.00

**FILED** 

May 11, 2006 8:00 am Secretary of State

Principal Place of Business

18103 PECAN GROVE STREET LUTZ, FL 33548

Mailing Address

18103 PECAN GROVE STREET LUTZ, FL 33548



## DO NOT WRITE IN THIS SPACE

 
 04262006
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 80-0005756
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCALLISTER, JOHN 18103 PECAN GROVE PLACE LUTZ, FL 33548

## 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 obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	the State of Florida. I am familiar with, and accept
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 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS	
TITLE P NAME MCALLISTER, JOHN E III STREET ADDRESS 18103 PECAN GROVE PLACE LUTZ, FL 33548	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  DO N	OT WRITE
TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filling/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 regeiver 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 27 06 813 - 230 - 9100