

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90472 011 ***158.75

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1. Entity Name
SVRNET., INC.



Principal Place of Business
1431 NE 28 COURT
POMPAÑO BEACH, FL 33064

Mailing Address
1431 NE 28 COURT
POMPAÑO BEACH, FL 33064

60032690



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1558844

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

RAGNARSSON, HELGI M
1431 NE 28 COURT
POMPAÑO BEACH, FL 33064

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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 _____
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 PD
NAME RAGNARSSON, HELGI M
STREET ADDRESS 1431 NE 28 COURT
CITY-ST-ZIP POMPAÑO BEACH, FL 33064

TITLE STD
NAME RAGNARSSON, JENNIFER
STREET ADDRESS 1431 NE 28 COURT
CITY-ST-ZIP POMPAÑO BEACH, FL 33064

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CITY-ST-ZIP

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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: *Helgi M. Ragnarsson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/28/06* Daytime Phone #