


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2004 8:00 am
Secretary of State

09-21-2004 90001 049 ***158.75

DOCUMENT # P03000032899	
1. Entity Name TEAM NETWORK, INC.	

Principal Place of Business 6076 OAK BLUFF WAY LAKE WORTH, FL 33467	Mailing Address 6076 OAK BLUFF WAY LAKE WORTH, FL 33467
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2. Principal Place of Business 6076 Oak Bluff way	3. Mailing Address 6076 Oak Bluff way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Worth, FL	City & State Lake Worth, FL
Zip 33467	Zip 33467
Country U.S.A.	Country U.S.A.



09132004 Chg-P CR2E034 (10/03)

4. FEI Number 55-0823731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAUFIELD, PETER 6076 OAK BLUFF WAY LAKE WORTH, FL 33467	
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7. Name and Address of New Registered Agent Name Peter Caufield Street Address (P.O. Box Number is Not Acceptable) 6076 Oak Bluff way City Lake Worth State FL Zip Code 33467	
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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 <i>[Signature]</i> DATE 9/2/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Peter M. Caufield 6076 Oak Bluff way, FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 9/2/04 Daytime Phone # 561-432-4321