

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040447

FILED
Aug 08, 2005
Secretary of State

Entity Name: NETWORK ASSOCIATES OF SW FLORIDA, INC.

Current Principal Place of Business:

2681 AIRPORT RD S STE C-110
NAPLES, FL 34112

New Principal Place of Business:

975 IMPERIAL GOLF COURSE BLVD
113
NAPLES, FL 34110

Current Mailing Address:

2681 AIRPORT RD S STE C-110
NAPLES, FL 34112

New Mailing Address:

975 IMPERIAL GOLF COURSE BLVD
113
NAPLES, FL 34110

FEI Number: 20-0011321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, MICHAEL L
2681 AIRPORT RD S STE C-110
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

ANDERSON, MICHAEL L
975 IMPERIAL GOLF COURSE BLVD
113
NAPLES, FL 34110 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: NICOLE ANDERSON

08/08/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, MICHAEL L
Address: 4987 PEPPER CIR #I-108
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: ANDERSON, NICOLE A
Address: 4987 PEPPER CIR I-108
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: NICOLE ANDERSON

VICE

08/08/2005

Electronic Signature of Signing Officer or Director

Date