

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000062011**

1. Entity Name  
**NETWORK DESIGN & COMMUNICATION, INC.**



Principal Place of Business  
**91 CITRUS PARK LANE  
BOYNTON BEACH, FL 33436**

Mailing Address  
**123 N CONGRESS AVE  
#225  
BOYNTON BEACH, FL 33426**



03262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**84-1645440**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHWEIZER, CHRISTINE  
91 CITRUS PARK LANE  
BOYNTON BEACH, FL 33436**

**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 State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Christine Schweizer

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

4/21/08

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000920341  
05/14/08-80040-011 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	SCHWEIZER, CHRISTINE A
STREET ADDRESS	91 CITRUS PARK LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	VSD
NAME	SCHWEIZER, ALAN J
STREET ADDRESS	91 CITRUS PARK LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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: Christine A Schweizer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Date

561 369-7886

Daytime Phone #