


2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-27-2005 90004 033 ***150.00

FILED
P04000064024
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 10 PM 3:40

DOCUMENT # P04000064024					
1. Entity Name NETONE ENTERPRISE INC.					
Principal Place of Business 2138 K UNIVERSITY MALL TAMPA, FL 33612			Mailing Address 2138 K UNIVERSITY MALL TAMPA, FL 33612		
2. Principal Place of Business		3. Mailing Address 4202 E. FOWLER AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #30710			
City & State		City & State TAMPA, FL		4. FEI Number 20-102-6076	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33620		USA		CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OZEK, SERKAN P. 2138 K UNIVERSITY MALL TAMPA, FL 33612			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OZEK, SERKAN P		NAME	SERKAN OZEK	
STREET ADDRESS	2138 K UNIVERSITY MALL		STREET ADDRESS	4202 E. FOWLER AVE. #30710	
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP	Tampa, FL 33620	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			6/15/05 (813) 486-6900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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