

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90223 025 \*\*\*150.00

**DOCUMENT # P04000082946**

1. Entity Name  
**THE OPEN NETWORK GROUP, INCORPORATED**



Principal Place of Business  
**3023 SILK OAK DR  
SARASOTA, FL 34232**

Mailing Address  
**PO BOX 1792  
VENICE, FL 34284**

2. Principal Place of Business - No P.O. Box #  
**4496 Diamond Cir E**

Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Sarasota FL**

City & State

Zip  
**34233** Country

Zip Country

04282008 Chg-P CR2E034 (12/06)

4. FEI Number  
**55-0869295**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DECLARK, PAUL W**  
**3023 SILK OAK DR**  
**SARASOTA, FL 34232**

**4496 Diamond Cir E**  
**Sarasota FL 34233**

7. Name and Address of New Registered Agent

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 **Paul W. Declark** DATE **4/28/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>DECLARK, PAUL W</b>	
STREET ADDRESS	<b>3023 SILK OAK DR</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>DECLARK, MARY</b>	
STREET ADDRESS	<b>3023 SILK OAK DR</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4496 Diamond Cir E</b>	
STREET ADDRESS	<b>Sarasota FL 34233</b>	
CITY-ST-ZIP	<b>Sarasota FL 34233</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4496 Diamond Cir E</b>	
STREET ADDRESS	<b>Sarasota FL 34233</b>	
CITY-ST-ZIP	<b>Sarasota FL 34233</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 lines empowered.

SIGNATURE:

**Paul W. Declark** **4/28/08**