


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90050 045 \*\*\*150.00

<b>DOCUMENT # P04000123619</b> 1. Entity Name <b>MOSQUITO NET GAINESVILLE, INC.</b>					
Principal Place of Business <b>5028 SW 91ST STREET GAINESVILLE, FL 32608</b>			Mailing Address <b>5028 SW 91ST STREET GAINESVILLE, FL 32608</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>27-0103369</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BATTREAL, CATHY 5028 SW 91ST STREET GAINESVILLE, FL 32608</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u><i>Cathy Battreal</i></u> DATE <u>2/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>WEST, CLEVELAND D</b> STREET ADDRESS <b>4924 S.W. 95TH TERRACE</b> CITY-ST-ZIP <b>GAINESVILLE, FL 32608</b>				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>5028 SW 91st Street</b> STREET ADDRESS <b>GAINESVILLE FL 32608</b> CITY-ST-ZIP	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>BATTREAL, CATHY</b> STREET ADDRESS <b>P.O. BOX 9720</b> CITY-ST-ZIP <b>TAVERNIER, FL 33070</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete 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"/> Delete 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"/> Delete 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 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: <u><i>Cathy Battreal</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>2/11/05</u> Daytime Phone # <u>852 4393</u>	

**50017206**



02102005 Chg-P CR2E034 (10/03)