

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067103

Entity Name: COM-ON-NET, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 369
EVERGLADES CITY, FL 34139

New Principal Place of Business:

303 N. COPELAND AVE
EVERGLADES CITY, FL 34139

Current Mailing Address:

PO BOX 369
EVERGLADES CITY, FL 34139

New Mailing Address:

FEI Number: 20-2794948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WANDERON, THOMAS
809 WALKERBILT ROAD
5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALDES, CARLOS
Address: PO BOX 369
City-St-Zip: EVERGLADES CITY, FL 34139

Title: VP () Delete
Name: VALDES, DULCE
Address: PO BOX 369
City-St-Zip: EVERGLADES CITY, FL 34139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALDES, CARLOS
Address: 303 N. COPELAND AVE
City-St-Zip: EVERGLADES CITY, FL 34139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DULCE M. VALDES

VP

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date